



Ufisinan Todu Guam
SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

2012 OCT 22 AM 11:56
M.D.

October 18, 2012

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Unu Na Liheslaturan Guåhan
155 Hesler Place
Hagåtña, Guam 96910

VIA: The Honorable Rory J. Respicio
Chairperson, Committee on Rules

RE: Committee Report – Bill No. 506-31(COR), as Substituted

Dear Speaker Won Pat:

Transmitted herewith, for your consideration, is the **Committee Report on Substitute BILL NO. 506-31(COR)- An act to adopt the proposed fee schedule for the Department of Mental Health and Substance Abuse, attached as Exhibit A;** Bill No. 506-31 (COR) was referred to the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform. Bill No. 506-31(COR), as introduced, was publicly heard on September 21, 2012.

Committee votes are as follows:

- TO PASS**
- NOT TO PASS**
- ABSTAIN**
- TO REPORT OUT ONLY**
- TO PLACE IN INACTIVE FILE**

Senseramente,

Senator Dennis G. Rodriguez, Jr.
Chairman

Attachments



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**COMMITTEE REPORT
ON**

BILL NO. 506-31(COR), as Substituted

**An Act to Adopt the Proposed Fee Schedule
for the Department of Mental Health and
Substance Abuse, attached as Exhibit A;**



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ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

October 16, 2012

MEMORANDUM

To: ALL MEMBERS
Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform.

From: Senator Dennis G. Rodriguez, Jr. 
Committee Chairperson

Subject: Committee Report on Bill no. 506-31(COR), as Substituted.

Transmitted herewith, for your consideration, is the **Committee Report on Substitute BILL NO. 506-31(COR)- An act to adopt the proposed fee schedule for the Department of Mental Health and Substance Abuse, attached as Exhibit A.** This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 506-31 (COR)
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 506-31 (COR)
- Notices of Public Hearing (1st and 2nd)
- Copy of the Public Hearing Agenda
- Related News Articles (Public hearing publication of public notice)

Please take the appropriate action on the attached voting sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me.

Si Yu'os Ma'åse'!

Attachments



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COMMITTEE VOTING SHEET

Substitute BILL NO. 506-31(COR)- An act to adopt the proposed fee schedule for the Department of Mental Health and Substance Abuse, attached as Exhibit A.

	SIGNATURE	TO PASS	NOT TO PASS	ABSTAIN	REPORT OUT ONLY	PLACE IN INACTIVE FILE
DENNIS G. RODRIGUEZ, Jr. Chairman		✓ 10/16/12				
ADOLPHO B. PALACIOS, Sr. Vice Chairman		✓ 10/17/12				
JUDITH T. WON PAT, Ed.D. Speaker		✓ 10/17/12				
BENJAMIN J. F. CRUZ Vice-Speaker						
TINA ROSE MUÑA BARNES Legislative Secretary		✓				
THOMAS C. ADA		✓ 10/17/12				
VICENTE C. PANGELINAN						
RORY J. RESPICIO						
JUDITH P. GUTHERTZ, DPA						
FRANK F. BLAS, Jr.						
V. ANTHONY ADA					10/17/12 ✓	
ALINE A. YAMASHITA, Ph.D.		10/18/12				
SAM MABINI, Ph.D.						
MANA SILVA TAIJERON						
CHRISTOPHER M. DUENAS					10/17/12 ✓	



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COMMITTEE REPORT DIGEST

Bill No. 506-31 (COR)

- I. OVERVIEW:** The Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform conducted a public hearing on September 21, 2012. The hearing convened at 1:00PM in I Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration of **BILL NO. 506-31(COR)- An act to adopt the proposed fee schedule for the Department of Mental Health and Substance Abuse, attached as Exhibit A**; Introduced by Sen. Benjamin JF Cruz and referred to the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform.

Public Notice Requirements

Notices were disseminated via hand-delivery/fax and/or email to all senators and all main media broadcasting outlets on September 14, 2012 (5-day notice), and again on September 18, 2012 (48-hour notice).

Senators Present

Senator Dennis G. Rodriguez, Jr. Chairman
Vice-Speaker Benjamin J. F. Cruz – Member of Committee
Senator Thomas C. Ada – Member of Committee
Senator Vicente "Ben" C. Pangelinan – Member of Committee
Senator Aline A. Yamashita – Member of Committee

The public hearing on agenda item Bill No. 506-31(COR) was called to order at 4:14PM.

II. SUMMARY OF TESTIMONY & DISCUSSION.

Chairman Dennis G. Rodriguez, Jr., convened the Public Hearing on Bill 506-31(COR).

Chairman of the Committee on Health & Human Service:

Vice-Speaker Cruz: Thank you very much Mr. Chairman, first I want to congratulate the department of mental health and substance abuse for finally submitting a fee schedule that the legislature can at least consider. I know Mr. Aflague brought me a copy of the 1996 initial draft that was done by the late Ms. Tanos that was the director at the time. Unfortunately over the 16 years all the directors of the department have not been able to find the likes and I want to congratulate for finally finalizing a fee schedule and an economic impact statement about the fee schedule, a few months ago we were visited by the members of the CWS from Medicaid and they were just surprised that we had no fee schedule at mental health because of the fact that we could be taking advantage of even if it is only 45% of reimbursement from the federal government at least that part could be absorbed by the federal government and Medicare provisions with the private individuals with insurance the cost of the care that is provided by them and very confident care



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that is provided by the professionals at mental health and substance abuse, can and should be reimbursed much like they have been at the Guam memorial hospital and so Mr. Chairman I am very proud to have introduced this legislation with it, attached to it is the fee schedule that was adopted by the DMHSA, I know that they had a hearing because I was there and testified at the hearing and so I know that there was public notice of the hearings conducted by mental health pursuant to the AAA. They had subsequent hearings after that initial hearing and revised the schedule and did their economic impact statement and though I'm embarrassed that I underestimated it, I am very happy that they have their economic impact statement proposes or hopes that it is going to realize 9 to 12 million dollars which the general fund will no longer have to subsidize and I congratulate them for all their efforts and I'm hoping that they would be able to present to you Mr. chairman and my colleagues sufficient justification for which we as a legislature can and should adopt this fee schedule as proposed by the DMHSA. Alright, thank you very much Mr. Chairman for the expeditious hearing of this bill.

Mr. Chairman: Thank you very much Vice-Speaker, Director Aflague?

Mr. Wilfred Aflague: Thank you Mr. Chair and good afternoon. Vice-Speaker and Honorable Senators with me are Mr. Rey Vega, our Deputy Director, Dr. Patricia Taiminglo, our Chief of Psychologist and Clinical Administrator, and of course Dr. Kiffer of the Federal Management Team. We have all worked hard on this, I would say for the past two years and with all sincerity and with due respect Vice-Speaker, I would like to thank you for egging me, sometimes figuratively slapping me on the back of the head to say, lets get it going and I do mean that sincerely because when I got to Mental Health, I had some documents that I went through, studied and then made some contacts with employees that were there before and who are there no longer and so I just said that I or we have to get started on this and hindsight being greatest position, I contacted Mr. Vega at the hospital because I had some good friends there in the business office and in the MIS department who helped us and I asked him for his assistance and he allowed them to come and help us. So I want to thank everybody and the list of acknowledgements are in the fee schedule. We've had our public hearings twice and the Vice-Speaker was present and so we've incorporated the changes, most notably the major change from the first one was the day rate, for patient days. Our fees are based on Medicaid/Medicare rates and so we feel very comfortable that once this is enacted into law and adjudicated that we will be able to start the process, we have started the process already with Medicare/Medicaid. We've been in contact personally with Dr. Furic, I think I'm pronouncing his name correctly and Ms. Gene Majasita from Hawaii to be CMS certified and so we have started to process, not only are the clinicians have submitted their pin numbers and you can correct me Mr. Vega is that the right terminology? NIP numbers and so we just anticipate and the cover of the legislation makes it very clear for us and at the minimum of 2 years. We intend to look at our rates especially for medication at least once every year. So we can make sure we're charging that right rate and capturing the true cost of our medications. So with that I would like to ask the members of the panel here if they would like to say anything. Dr. Kiffer.



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Dr. Kiffer: I certainly do. Thank you for the public hearing and I think we should all commend our Director, Mr. Aflague, for this. This was certainly his effort and really pushed this forward and got it through and kept people on track until we have this final document and public hearing and I encourage the legislature to adopt this. In addition to this here we have been working for the past year to put together a electronic behavioral health record system for the department. It's turned out to be a more complicated process but we continue forward with that. The upgrading and the wiring in the building and the purchase of the software as well as service for the DMH will be done through the trust fund or the Trust through the FMT before the end of the FMT which is December 3rd. So moving into a electronic behavioral health record billing system or a component to do that besides the clinical record keeping and the pharmacy aspect of that, we hope to have that in place, it's hard to say, I'd say March, or the department will and the software will be purchased and the training will follow on. So that will support this whole effort and make this much more viable process. But thank you very much for this and I think everybody at the department is geared for it and we certainly anticipate doing this very well. Thank you.

Chairman: Thank you Dr. Kiffer, Vice-Speaker?

Vice-Speaker Cruz: Thank you very much Mr. Chairman. Dr. Kiffer when you talk about the system that you guys are or will be purchased

Dr. Kiffer: Yes

Vice-Speaker Cruz: Do we have requisite funds to be able to purchase this before that time?

Dr. Kiffer: The funds have been set aside or budgeted in the or through the trust fund or through the trust yes. The trustee has the funds. I budgeted the funds yes.

Vice-Speaker Cruz: And how much is projected to be spent on this system.

Dr. Kiffer: If I were to purchase a years worth, I would think that it would be the most wise thing to do. Were putting it's a IFB through GSA and it would be put out for the first couple of weeks of October and then we'll receive the bids. From what I've determined so far. The types of costs that are associated with that are either high frontend costs and lower monthly costs or higher monthly costs and lower front end costs. So I'm not sure but I had set aside about 400,000 for this plan.

Vice-Speaker: And you have the funds for that

Dr. Kiffer: Yes sir

Vice-Speaker Cruz: Because I'm not wanting to be sarcastic at this point but Mr. Vega and I have had a history of discussing major programs that or are bringing us into the 21st century and getting there but not having the requisites hardware.



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Dr. Kiffer: Correct

Vice-Speaker Cruz: And this is including all the training at the hospital and then they didn't have the hardware but your going to be able to purchase the hardware, your training the staff on the software, and everything should be in place by hopefully next March.

Dr. Kiffer: That's what I would estimate, yes. And the funds are there, yes, there is 4.2 million that is sitting in the trust now. A lot of those funds are committed and on December 3rd there wont be a lot of or on December 3rd there won't be 4.2 million going back to the general fund, but its things like this other capital improvements and approximately half of that goes to personnel. The way were hiring personnel is the FMT funds for 12 months because their not in the regular budget, but then after 12 months their picked up by the general fund. The personnel are.

Vice-Speaker: In the next 60 days before December will we get the funds encumbered so that on December 3rd when you return whatever is left over to the general fund the 400,000 and whatever amount you need is properly encumbered in the system or whatever is needed will be purchased in a timely fashion and we would be able to start collecting even if it is half way into the next fiscal year?

Dr. Kiffer: That's my intention to encumber those funds. I don't know the exact mechanism yet. I need to talk with Judge Marshall about that, if their going to stay in the trust and someone else will pick up the responsibility to expend those funds or I just don't know how that is going to work. Ideally we would be able to select a vendor, purchase the equipment and the software and then we would be able to pay for that in the next 12 months. Before I leave on December 3rd.

Vice-Speaker: And while I appreciate the gravity, I would hope that one of you would, for the viewing audience explain some of the fees. Or how it was arrived at and what their for. The difference between the fees that we charge for the services of a PhD., Dr. Taiminglo and Dr. Kiffer, as opposed to counselors and psychologists, and some of the medication fees. I know that in this last year you purchased in over a million dollars worth of medications, is that correct?

Mr. Aflague: Yes Mr. Vice-Speaker. Annually we spend about a million dollars for medication and purchases.

Vice-Speaker: And today you did not have anybody pay for any of that medication?

Mr. Aflague: Correct.

Vice-Speaker: And the purpose of this is to one charge the medication and two to reimburse or to provide fees for services to the doctors who are providing the services at Mental Health.

Mr. Aflague: Correct Sir.

Vice-Speaker: So if I could just get just for the listening audience as brief as it may be.



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Dr. Taiminglo: I would be happy to explain. If you look at the first page and please remember that this is phase 1. For the first page these are CPT codes. Their codes that are typically billed for services provided by licensed professionals at the masters level, like social workers, counselors, and then psychiatrist and psychologist. So the numbers represent different activities or tasks or service. We used the Medicare rate to base and so you see the masters level was closest to the Medicare rate. The psychologist because of the level of training and experience required, that was at 140% above the Medicare rate. And for the psychiatrist, depending on the activities, now that goes anywhere from 140-160%. We tried to keep the amount reasonable and competitive with independent providers in the community. So we didn't want to make it too high and out of reach to what is reasonable, for most families and individuals, but we also wanted to help it reflect what is representative with other providers in the community. When you look at the chart, you'll see that some areas are blocked out and those are tasks or services that are only performed by certain professions and so on some pages you'll see that there are two columns that are blocked out so only professionals with that level of training can perform those activities. And then there are such activities such as group work, that it doesn't matter what level of training a professional performs those activities, its just a very basic rate, for group therapy. The psychiatrist is running a group, it's the same rate that if a masters person. So is that helpful? Do you have any questions?

Vice-Speaker: That is helpful and also I think that the Committee and the members of the Legislature understand. During this entire process you also had a member of TWS or CMS consulting you right? Did I understand, I remember when I went to the hearing and there was a woman in the back saying.

She was a representative of NetCare and she did not contest any of the rates, she just wanted clarification on the CPT code not matching one or two items, then she was able to get that clarified. So she was with NetCare actually.

But did you have a consultant with Medicare that was assisting the operation of this?

Pricilla Richards was in contact with CMS, that was my understanding and she was able to clarify the codes, which codes were typically billable and which ones weren't.

If I may add Senators, good afternoon, we also during that time consulted the GMH Medicare specialist who's actually had 15 years of experience in billing Medicare specifically, so yes, and also I could vouch for the fees proposed here and I've looked at how it fairs with GMH and actually its about 3% lower than GMH. Which is a representative for businesses practicing in that community.

Okay then, I guess when someone said there was a Medicare specialist in the room, I just assumed it was a federal one but alone from the hospital was assisting during that period. I just wanted it to be clear to the Committee, that someone with some experience with Medicare was involved in this process, was being consulted and had a hand in reviewing what was finally produced.



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Mr. Aflague: Yes Vice-Speaker and it is also listed here in the acknowledgements page, that the good people at the hospital. In terms that Medicare and Medicaid, we have Dr. Furick, I think that was his name and Ms. Gene Matsujita, they are actually contractors with powmeto, which is the contracting company that deals with Medicare. So we will undergo a CMS certification visit from Ms. Gene Matsujita sometime in the next couple of months to make sure that our facilities are up to date and that we are Medicare certified to be able to charge these fees.

Vice Speaker Cruz: Now I'm going to ask the one question that probably nobody wanted me to ask, but I'm just a little concerned. Unless he was misquoted in the newspaper that other day, the Governor stated that he was not in favor of any new fees, yes for the increase in revenues, he was opposed to any new tax increases and fees and that he would veto it in the event that it came through. Have you had any discussions with him about these fees that Adelup is or not in support of this?

Mr. Aflague: I am not aware of that quote at all Mr. Vice-Speaker. In my communications with the Governor, as recently regarding these fees about 3 weeks ago, he has personally told me to proceed with these fees as they have long been missing or non existent.

Mr. Chairman: Thank you Vice-Speaker. Mr. Aflague, what about the billing and now that were going to have the fees established, what about the billing and collections aspect? Can you share that with the Committee?

Mr. Alfague: At this infant stage of our fee schedule, we are one new employee who is coming on board this week to assist us, specifically Mr. Vega, on the infrastructure and we have been discussing the possibility of RFTing out the billing and collection but we feel at this infant stage, we can handle it manually, pending the installation of electronic health system. Mr. Vega and I are comfortable with the fact that we can handle the billing manually. Now billing is the initial stage but reconciliation and collection will be the problem. So initially we will while the electronic health system is being installed, we will handle this manually.

Mr. Chairman: Okay because I'm, and Rey knows that as we establish these fees that's a very important aspect, is the billing, then the collection and it has to be worked on in parallel. You've got to get the billing infrastructure and collection in place because even if we can have all these fees that we want but if we don't have that infrastructure or that foundation then we'll never get to where we need to be and you know the hospital is in the same situation. Has there been any discussion on maybe a collaboration with the hospital and mental health you know working together on its billing and collections? I thought I heard something about that. Maybe Rey if you know something that you could share with us?

Mr. Vega: Before I go to that question Senator, you would notice that the, it may be an understatement but if you look at the fees schedule and compare this with the hospital, I could see that 90% of the charges are



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actually room and board. So you also have to eliminate diagnostic modalities, so the listing alone on the medication is only a few pages so we are very confident that even if we have to go manually on this one were able to capture the 90% of the charges which is the room and board. And yes to answer your question on whether it has been explored, in fact years back AS49 Platform of GMH has an 06 facility which is Mental Health the reason for the is that at that time all the medication were being procured through the hospital. Yes in the event that the it would be a volume we will re-explore the possibility of just as we prepare ourselves for the electronic billing and collection, we will explore that possibility of just hooking to GMH in time that we are waiting for our infrastructure.

Mr. Chairman: Okay, so I'm going to ask again, Mr. Alfague, if you could please place high priority on this because we have to work in parallel and in conjunction with establishing these fees that that foundation is you know we have to ensure that that is set up properly and efficiently as well. Senator Tom Ada?

Senator Tom Ada: Thank you, on the bill it makes reference to the fact that these new or most of the new fees are based on Medicare/Medicaid rates, I'm just curious when you say here most were there some that was basically based on some local costing analysis or?

Mr. Alfague: That would have been the medication part that was not based on Medicare/Medicaid but as Mr. Vega pointed out a moment ago, that the room rates, the charges of the clinicians are all based upon Medicare.

Senator Ada: And I guess so when it also requires that every couple of years the fee schedule will be reviewed and updated. Would those updates be based on the more current Medicare/Medicaid rates and also I guess the cost providing your medication and what not.

Mr. Alfague: Correct.

Senator Ada: Okay, now I guess with this billing and if I'm correct at least what I recall about the challenges at the hospital has had with billing is that the insurance companies are not as quick to pay because I hear that they say they come back well the hospital hasn't gotten the paper work you know quite together and all of that stuff so whatever the case is are there provisions already in place for implementation training, I guess, for the people in accounting even for the service providers themselves so far as what documents is going to need to be submitted especially when were seeking for Medicare reimbursement.

Dr. Taiminglo: Thank you. I can speak for the clinical aspect; we've already been reviewing some of the documentation that we've used before I started last year and we're revising some to meet even the private insurance companies requirements and so were shaping and training on those progress notes, treatment summaries, and many of those requests by Medicare/Medicaid would really be apart of electronic medical records so their usually shaped and organized in ways that meet those requirements, but in the mean time, I'll be training and meeting staff so that their documentation meets the requirements, so that we won't have



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to pay anything back. We would want to be able to receive income and not have to repay because of poor documentation. So that's been an area of my focus and that's clearly something that we can't afford. We want to be able to generate income but also keep it. So the long term solution is the medical records or the short term solution definitely training of staff. So that's the clinical aspect, the other side of the question.

Mr. Aflague: As far as the business office, as I said earlier, we have one employee starting next week, who will be kind of the lead in assisting Mr. Vega and myself, so in training of the business office staff for making sure that again and the proper documents are there in the billing document and taking into account the HIPPA federal laws about the confidentiality and so we just need to make sure that we don't slip in a name for example and that we use the proper ID forms and that may be initials or numbers or case numbers or whatever. So that's where we are going to do to conduct our training in the business office.

Senator Ada: Okay, just a couple of more questions, with this lists of services to be provided, I guess the idea is to then whatever the services are that provided medication and what not, if the patient has health insurance to cover that, then of course I guess the billing is sent to the insurance company. Have all these embedded the insurance companies to see if in fact all these services are eligible or are covered in the insurance programs that are being covered?

Mr. Aflague: At this moment Senator, we intend to at the conclusion of these hearings to contact the health insurance providers, so that we can sit down. Now I've been approached by a couple of them to sit down and hammer out a contract, to see what they are willing to pay, this or that, but being that these are Medicare rates and benefits and that it is adjudicated through this piece of legislation, there is no need to or we do not need to negotiate on rates but we would need to negotiate and come to an understanding more so on processes, procedures, proper documents, and etc. as Dr. Taiminglo pointed out. We want to make sure that when we send out a billing that there is no chance to have to return it for improper documentation or whatever.

Senator Ada: Okay that is all I got thank you.

Mr. Chairman: Thank you Senator, Senator Pangelinan?

Senator Pangelinan: Thank you very much Mr. Chair, Mr. Aflague and congratulations to everyone on this. I remember when we started this process the first step was the bill that Senator Lou and I worked on which was the Mental Health parody bill which was that and it was really the emptiest for driving this issue of we can start charging for Mental Health benefits because of the mental health parody that was passed which says that health insurance companies must provide and give access to mental health care and parody with other medical conditions and the recognition is something that needs to be addressed and so since then we've been waiting. I think Senator Lou got tired of waiting and went to the bank, I'm still here waiting and thank you so much for having me not have to wait anymore. Congratulations actually! That is really one of the hardest, its easy to pass the law, it's the follow up and working with the people that are going to do the work after the law has passed to make sure it gets done and I think that definitely kudos to everyone



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that is involved in getting to where we are at today. The one question I had was in looking at the revenue stream and you looked at your economic impact, when you decided that and you took your rates and of course the patient you basically build and you've back tested now with the services that you provided, you assigned a code and that if this was the rate we would have. But did you kind of look at the profile of the patient at mental health and see whether or not they actually going to be receiving revenue from outside of this group of patients that may come from government programs that are already within our budget system. So would it be a transfer of payment now from what used to be MIP or what used to be you know now into mental health instead of a private health care patient coming to mental health to utilize the service and were going to get that revenue. Did you kind of take a look at the profile of the mental health patients?

Mr. Aflague: We did Speaker and we are still doing that, as a matter of fact, as recently as yesterday evening and this morning, our MIP technicians have been working together with each other division to come up with a finalized and more clear and distinct profile of our patients ability to pay and what the insurance covers but we are trying to finalize that. I didn't want to present this to you in the next 5-10 working days as we are required but we will give you a true profile of our patients and their insurance coverage or ability to pay.

Senator Pangelinan: Alright thanks that's the only question I had, again congratulations to everyone involved.

Mr. Chair: Senator Yamashita?

Senator Yamashita: Thank you Mr. Chair, good afternoon and congratulations for somebody who lives in this world I truly appreciate the inclusion and the acknowledgement that we do need this kind of service and this kind of support. So in the development of this the degree of stakeholder engagement, clearly the folks that work at mental health were engaged but the others who are out there you know the others like the maters or licenses to do counseling, or the others who do help some of us, were they all at the table of defining, I know that Medicaid/Medicare, were they all involved? Did they all give input to the fee schedule?

Mr. Aflague: As a matter of fact Senator, I had consumers that come up to me personally into my office and asked me, is this true? Is this happening? And I said yes it is part of the law, it is part of my responsibility to promulgate this fee schedule. In the public hearing, one attendee was a consumer, himself, who had asked very very legitimate and rational questions and he was thinking about his ability to pay and so consumers were involved. Even the president of the planning counsel, which is a counsel made up of consumers. They were invited and they provided input.

Senator Yamashita: Good, because I'm also sure that a piece of the training, that Dr. Taiminglo is going to do is going to be on awareness because some of us might start thinking that we were not going to be able to get help because we can't pay for it. So that piece is incorrect and there will be ways to import services that you need. But I'm also thinking, Mr. Aflague, the other practitioners out there, not just at mental health or



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ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

the people in there but like the ones who are running office space in different places across our island. There offering services that mental health supports, so this fee schedule will also apply to them as well, correct?

Mr. Aflague: No, not in their private practice, no ma'am.

Dr. Taiminglo: Typically in the private sector, providers associate contracts with insurance companies. If they choose to be a provider for Medicare it would go through the process of becoming eligible. So that process is if they're independent and not contracted by the department, they would need to secure those contracts individually.

Senator Yamashita: Are those rates pat, similar to the ones here?

Dr. Taiminglo: Actually, we tried to keep them within reason and there was even some rates, who I talked about 140-160%. When we saw that it was just unreasonable, we would calculate it down to 140. My rates were definitely in the realm of what is presented here for services but again my level of training and years of experience and ability to negotiate a little higher was apart of my high rates. So my higher rates were still reflected here. The rates were not unreasonable. And so we also consulted with another psychiatrist who also maintains a small private practice and he also was mindful of what is reasonable and then what is appropriate for a certain level of service. We didn't try to make it too high or too low. I hope that answered your question.

Senator Yamashita: Actually, it does. Do you guys do something, well in my world its called outsourcing, or contracts? Okay. And so when you do the contracts with the partners in the community, they would be charging these rates.

Dr. Taiminglo: Well I'm not sure, healing hearts has their own contracts with individual practitioners and they're somewhat independent. So I cant really answer that.

Mr. Aflague: Senator, I have a couple of questions to ask Mr. Heimsmith, our attorney from the AG's office, on a separate matter were meeting with him on a separate matter, I am going to be raising a couple of questions, on that fact. When or if we have a contractor with us, do they need to charge these rates and so I need to get that from him. We will provide that input within 10 days. It seems logical that they should if they contract with us, but our rates as a in house providers, as a hospital facility or mental health facility, is one thing and then their rates if they are or not. The key question is are they willing to surrender those rights to mental health and get reimbursed or whatever. That's the whole key questions around this fact of what rates, would they be able to charge?

Mr. Vega: If I may add Senator, depending on the contract, if it's a low cost contract, meaning their there and it states that we'll be able to bill for the services in a normal course of business. Usually because it's a facility base, usually the costs are a little bit higher than the community based and if the contract is that,



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they already paid for the services by the facility. They reassign the reimbursement to the facility and we will be abased by the adjudicated fee.

Senator Yamashita: So your saying the rate place is higher then the community base.

Mr. Vega: In the normal course of business, usually because it's a facility base with so many factors affecting the delivery of services

Senator Yamashita: Well I believe that the great news is that you are communicating with everybody and I think that is very good and having the people at the table to help form the best decision and then again, I know that Dr. Taiminglo is going to do this education awareness for all the families so that they don't get nervous, because when they hear fees, they'll be like I wont be able to do it. But thank you. Thank you very much. Thank you Mr. Chair.

Mr. Chairman: Thank you Senator, just a final question from me and then we'll turn it back to the Vice-Speaker and if there is anyone that wishes to testify, please sign in. Mr. Aflague, you know the economic impact that was done estimates that the fees that you hope to raise is approximately 9-12 million a year and I guess that is if you know you bill them and you collect everything right?

Mr. Aflague: Yes Sir.

Mr. Chairman: Okay I guess, you wont be able to tell me until you have that profiling of who can actually pay because you are going to end up like how the hospital is today and so I think it is very important that because we put out there that how much we'll hope to collect really its not. If we can or you can provide us with that sooner than 10 days it is usually just a courtesy where the record is open and so I would like to ask you to provide that as soon as possible, so we can include that into our committee report. But that would tell us what it looks like right? You know what the number is? What the more realistic number is on what could be collected based on these fees.

Mr. Aflague: Yes sir, the fees originally were based upon two years of data from our AIU from our Adult In-patient Unit stays at the rate of I think 856 or something like that and 5 cents at 56 a day plus the usual annual cost of medication. Now if we charge at plus 200% that is where we came up with that range but your right as soon as the profiling is completed in terms of ability to pay, we will then have a more refined or more focused target on that anticipated revenues or anticipated bills.

Mr. Chairman: And does it look like your initial review of things, does it look like its going to be right in between this or is it outside that number?

Mr. Aflague: I would say that it would be right below that number, now as in the hospitals case, I've charged our community's support services division to go and look at their clients and those that are eligible or even can be eligible to be put under Medicare/Medicaid/MIP that we should exert more efforts to be able to be covered. We realized that we have some consumers and clients who are not working or never had a



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job or has had no job for a long time and so we would have to for lack of a better term have a fee schedule for them and we may end up in the hospitals case of just writing off those charges.

Mr. Chairman: And I think it's a really good opportunity and timing that Rey has moved over there because we can learn from what is happening at the hospital and not make those same mistakes. You know what you said about clients eligible for different programs that we have, one of the biggest things we've been and Rey know we've been you know working on that is actually getting a eligibility list right there at the hospital. So that when clients/patients come in they can be put in the system right away. And so Rey I know your going to do your best to make sure that we don't have the same you know problems we have in the hospital here at mental health. So it is a good opportunity to start fresh here.

Mr. Aflague: Thank you.

Mr. Chairman: Okay thank you. So if you could provide us with that before the 10 days, I'd appreciate it.

Mr. Aflague: Yes sir.

Mr. Chairman: Vice-Speaker do you have anything?

Vice-Speaker: No, I was just going to say that I fully realize that there is, I am not anticipating that we will receive the 12 or the 9 or that even my initial projection is that 7 might be a little much but any amount that can be raised even if its 40% or less than 50% like it is at the hospital that still is a relief to the general fund and lightens the load of my poor buddy over here trying to figure out how to make that thing balance. And so moving from Peter to Paul and having public health pick up some of it but if public health is going to pick up some of it I just hope it is going to be with the federal dollars in Medicare if we can move them over there. And I know that there has been that whole discussion of trying to move as many people into Medicare as opposed to just MIP, so that at least we can get the 5% and God willing that the Congresswoman would finally be able to move us up to get the 100% like everybody else. But even like the 45% when CMS was here a couple of months ago, that's still quite a bit of money that you shouldn't have to be putting out of your own treasury to underwrite. So that was the whole purpose of this that the Senator and good Speaker Ben started over 10 years ago and I think he just got tired pushing and though I'm older, I decided to start to slap you on the back of the head to start moving because I was feeling bad for my fellow friend that he was having to try to have to balance the budget and it was all going out and very little was coming in. But I congratulate the department. I do understand that there is somebody else to speak and Mr. Chairman I ask that the management of mental health stay because although I understand, I mean part of the question I think is good that Senator Yamashita was asking because of the question of when you have a contract will the same fees be charged and I think it is something that has to be considered because I know I see sanctuary in the back and they have young people that are up there in Sagan Nihunglo' and the services provided to them, should that be charged to Medicare/MIP/ somebody else so its just not just the general fund and their contract with you, if there is a contract. Which I understand is in question and so I think some of those things need to be answered and I think Senator



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Yamashita's questions were good because I think for the listening audience its important that this is nothing new, I mean it shouldn't be considered to be revolutionary, there are doctors out there when I go and get my endoscopy or my colonoscopy at one of the outside surgery center or medical centers outside, they have a fee schedule that may not be the same as yours, but they do have a fee schedule for those services and you have your own for when you did have a dialysis center at the hospital you had a fee that was I don't know how its compared to the outside but you had a fee and the outside providers didn't necessarily have to comply. Though during that period where you were sending them out, I think you had an arrangement where they had to charge the same that you were charging, so that in the assignment would be able to cover. So I mean it is something that people need to understand that this is parody and the health companies for the last 16 years have been planning for it, unless their really bad business people. They've had to have been including all of their annual premiums they've been charging us for the last 16 years included this in their premiums that they were charging us. I know that 12 years ago when I sent a friend off to rehab in the states that they only provided 1600 but at least it was something that they had some money. It wasn't the full rate that could've been covered or should've been done, under the parody act but they were anticipating there would be mental health needs of their insured and that they had to provide some money for that. So they have been managing so they could keep that, now I'm hoping that through this we'll be able to reimburse mental health and at the same time relive the pressure on the general fund and OMB and the Governor's balancing act and trying to get cash and revenue on par. So with that Mr. Chairman I thank you but I'd like to hear what Sanctuary has to say and then maybe I would have a few more questions for the department.

Mr. Chairman: Thank you, so if the representatives' from mental health can please stand by, we have Millie Lujan who signed up but it says here written testimony. Please come up.

Ms. Millie Lujan: Good afternoon, I am Millie Lujan, and I am the executive director of Sanctuary Inc. and I am here in support of the departments efforts to put together a fee schedule or implement a fee schedule but I also wanted to talk a little bit about addressing some of our concerns with regarding our contract with the department of mental health. We received a letter the other day and I sent a copy to Vice-Speaker BJ Cruz that as of Wednesday, were not to accept any clients into our program and the current clients we have we would have to transition to the department for their care and these are kids in their residential treatment which is at level 3.5 level of care, as well as those in our out patient. We currently have 5 in our residential treatment, we have an additional 3 on the waiting list, 2 of them we had to turn away, just the other day, they were ready to come into the program, but we had to tell them we couldn't take them and that they would have to go to mental health for that. For those clients in our out patient, we would have to transition them over mental health which is what we were instructed to do. So were just concerned with what the effect will be, what the impact on the clients will be on their treatment as well as how will we be transitioning them into or over to the department.

Mr. Chairman: Okay thank you, you know, Mr. Aflague, if you could please join us, because I think the response is something that would come from mental health.



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Mr. Aflague: Senator, I don't have a copy of that letter, but I remember signing it after the discussion with Dr. Sibang, the administrator for drugs and alcohol. But the fact is that we have been working with the assistant attorney general on our contracts and so the leanness for one reason or for a variety of reasons, personal and professional reasons but the AG's office has brought us to this point, so I said what would we have to do to provide services, and he said we will provide services in house until such time that the contract is signed off and then we will follow through on it.

Mr. Chairman: Okay, I'm sure the Vice-Speaker has some questions but, how would or I don't see how its going to be possible, you know with the services that they provide today and with the very short period of time, how would you do that transition?

Mr. Alfague: Well, Mr. Sibang should be or I mean I should rely on him to come and we'll discuss this because if Ms. Lujan wants to discuss this outside of this forum because I am really not prepared to discuss the mechanics and ins and outs of this at this time or at this forum. And so I'll be more than happy to sit down. He's not here. Oh great he's here, would you like to join me up here don't?

Mr. Don Sibang: Good afternoon Senators, basically from my understanding our RFP was a multi-year and this was the last year so we had to issue a new RFP. We already drafted the RFP but it went to the AG's and they returned for formatting and we have a next schedule. Once they approve it then the advertisement for the RFP will be out in the paper. In the interim understanding is that there are 5 clients in the residential care and how they do treatment is it goes by phases. So from my understanding is that there is 2 in the department phase and they have a new one. We're going to reassess all clients to determine what phase their in, what is on their treatment plans and then based on the results of that assessment, were going to identify the most appropriate level of care. With the resources that mental health currently has at this point. We've done out patient services for adolescences in the past and all of our consolors are certified accept for 1 in my branch. So were comfortable to at least to continue to provide service for at least 1 month in a half to 2 until the RFP's are out and submitted for proposals to amend it and review and then award it. So were looking for just that time period at this point.

Vice-Speaker: George if I could excuse you because I think this is also for Dr. Taiminglo and this has an ethical and a medical component. Don when was the last time mental health and substance abuse have a residential substance abuse program at the department of mental health.

Mr. Sibang: I believe it was in the 90's.

Vice-Speaker: In the 90's, it's been well over 15 years since you guys have had an in house or a residential care facility. Is there anybody up there with training and experience currently with residential care of substance abuse adolescence? You may have people up there with out patient and light addiction but full blown addiction Dr. Taiminglo, I just don't see that your out patient care is going to be sufficient for them.



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This is like saying you know you just got this surgery yesterday but we don't have a contract with your health care so go home and bleed and bust a gut somewhere but were not going to keep you in here.

Dr. Taiminglo: I can understand Sanctuary's presence and the urgency with their questions. I was truly not aware that there was a problem with the RFP's or the timing. Regarding ethical issues, I would agree that unless we provide the same or high level of service to meet the needs of the consumers, ethically we would want to look at what is in the best interest for them at this point. I would like to consult further with our staff, with Mr. Sibang and Mr. Alfague about this but as long as we don't have the staffing and the resources, it is a good question, it is a valid question.

Vice-Speaker: Are you saying, I mean this morning they just announced that they just rolled over the health insurance to make sure that the people get covered. I know from experience, with someone very close to me, that there is a great difference in the kind of care and services that they needed for someone who should be in residential substance abuse counseling as opposed to out patient care. And to now tell them on the 11th hour that your going to start releasing them or you'll send them to us and we will make a determination with 15 years of non-existent experience in this area and determine that we think that you can leave them outside of the legislative hall is just that, I cant. I mean it would seem to me that someone is going to need to have the same way that they rolled over the insurance contract to somehow roll over on a month to month with Sanctuary, so they can continue their residential care. There is a great difference in those that need residential care as opposed to out patient. And I mean I just, these children I just don't want them to be doing

Dr. Taimanglo: All I can say is I agree, I understand your points perfectly.

Vice-Speaker: Can we get everybody together and maybe discuss this and come up with a resolution and get back with Mr. Chairman, if we could by Monday because the end of the term is the 30th and that's next weekend and I don't want them out on the street with their substance abuse problem.

Mr. Chairman: Before I turn it over, in the agreement you have now, Don, is there a provision there that has a roll over position?

Mr. Sibang: No there's none.

Mr. Chairman: Okay.

Mr. Sibang: But it will be in the next one.

Mr. Chairman: Okay so yah. I think it is as simple as doing that as rolling it over on a month-to-month basis and you know this is nothing new. This has been done and it's being done now with the health insurance, for our employees and our retirees. You know the Vice-Speaker is right, we need to get together and try to resolve this and the only way we see it being resolved between now and the 30th is a month-to-month agreement. Alright, okay Senator?



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Senator Yamashita: And in addition if we can track the 3 kids that you had to turn down and try to make sure that they are being helped right? And you know this story happens so much, I don't understand why we can't find this mechanism. You know as soon as you get that contract out, start on the next one. If it really takes so much time, I don't understand, and you know the fact of the matter is the partnerships right? And so I appreciate Dr. Taiminglo this has to be addressed, the partnerships and you know Sanctuary has done and so I'm just glad that the collaboration is going to take place but the 3 that we had to turn away, if we can make sure right, because for them even a minute is hard. Thank you Mr. Chair.

Vice-Speaker: You know I don't want to cause more cancellation to my good colleague. Were similar letters sent out to Oasis and to Salvation Army? I mean I agree with you, since last May or April the RFP's should have started. But you knew eventually a budget would pass and the RFPs should have been sent out and started so that by this weekend you would be signing the RFP and the contract so that on Oct. 1st you would have the new contract. You don't tell them on the 19th, oh were not finished with the RFP and just let them loose in front of the facility in front of marine drive. I know that Senator Yamashita was at Oasis the other day and she knows how many women are there and are they going to be turned out because there's not going to be a contract and how many men are at Salvation Army that their going to be turned out on the streets by next Saturday, until something is done. It was only because I knew of this and I called and I said somebody come down to bring this up because its imperative that we address this immediately.

Mr. Chairman: Alright, thank you Vice-Speaker, so Mr. Alfague so now knowing that your other RFPs are up and without any roll over positions now. Can we get a status update by Monday, Mr. Alfague please. Thank you very much any other questions?

Senator Pangelinan: Well I think if we think this is crucial and alarming. You can just have it declared as an emergency and you know go on a 30 day contract for the extension of the services. I mean that is easily done by the Governor through his executive authority, there is no automatic but that's been supposedly signed that they granted a extension even though the contract doesn't have the provision. Well their kinda doing it on HIPPA but it doesn't mandate it just means that your employees have health insurance and that company cannot turn you down, if you wanted to continue with them and deny you the coverage but it doesn't trump the procurement law and so forth. So they were able to find, the same AG that's telling you, you can't do an extension on these contracts because there is no extension provision in the contract. It's the same attorney general that told the Governor go ahead and extend health insurance contract even though there is no extension provision in the contract. So if we are concerned about the services for providing this population then there must be a mechanism that allows us to extend the contract using the same mechanism that were concerned about that same population and employees having access to an insurance company. Somehow somebody found a way, I would go ahead and ask the AG as well as the Governor's office how did they justify extending one and they can't justifying extending this one or maybe if you ask them they will. Just my suggestions.



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Mr. Chairman: Okay thank you Senator Pangelinan, just a final question on this issue. Mr. Aflague was it a hold up at the AG's office or was it a hold up in the department in not sending it up there on a timely matter?

Mr. Aflague: Actually Senator we have been working with the AGs office and assistant AG on these contracts 2 have been put out on RFP and 2 were still working with formatting and all of the dottings on whether it be dotting the I's or crossing the t's and as I said earlier, for some other reason, personal or health reasons and scheduling reasons, we have to comply with this particular assistant AGs demands and recommendations. So I would say that it is a combination of both.

Mr. Chairman: Okay are there any other questions? Okay so this public hearing is adjourned and it is 2:14pm.

Fiscal Note: Attached

III. FINDINGS AND RECOMMENDATIONS

It is the *intent* of the Committee to ensure that all revenue realized pursuant to a fee schedule shall remain with and is solely to be expended by DMHSA for, but not limited to, its costs of operations, personnel, contractual services, the development of programs and services, the timely payment of debt obligations, capital improvements, and any other purposes approved and appropriated for pursuant to the annual Fiscal Year budget appropriation act of the Executive Branch, and applicable law. So as to ensure that the revenue realized pursuant to the fee schedule shall be protected from utilization for other purposes not pertaining to DMHSA, Bill No. 506-31 (COR) was amended by adding a provision to ensure that all revenue realized shall be deposited in a special *Mental Health Development and Operations Fund* ('Fund') and shall not be commingled with the General Fund or any other fund or account of the government of Guam, and shall be kept in a separate bank account, subject to legislative appropriation, to be used solely by DMHSA, or qualifying private non-governmental organizations delivering healthcare services for DMHSA.

The Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform, hereby reports out Bill No. 506-31(COR), as Substituted, with the recommendation to report out only.

MINA' TRENTAI UNU NA LIHESLATURAN GUÅHAN
2012 (SECOND) Regular Session

2012 AUG 14 PM 4: 28
B.J.F.

Bill No. 506-31(C02)

Introduced by:

B.J.F. CRUZ 

**AN ACT TO ADOPT THE PROPOSED FEE SCHEDULE FOR
THE DEPARTMENT OF MENTAL HEALTH AND
SUBSTANCE ABUSE, ATTACHED AS EXHIBIT A.**

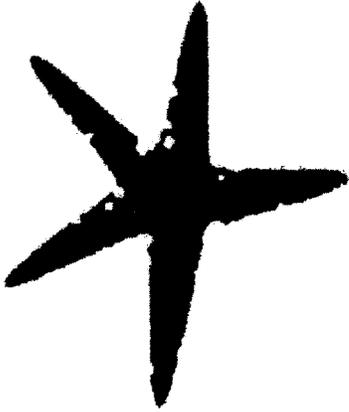
BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Adoption of the Fee Schedule. Notwithstanding any other provision of law, rule, regulation and Executive Order, the Department of Mental Health and Substance Abuse's "Fee Schedule", and attached hereto as Exhibit "A", are hereby adopted by *I Mina' Trentai Unu Na Liheslaturan Guåhan*.

Section 2. Amendment of the Fee Schedule. The Department of Mental Health & Substance Abuse, *shall*, at a minimum of every two years, and pursuant to Article 3- Rule Making Procedures, of Chapter 9, Title 5, Guam Code Annotated, review and amend, as necessary, the fee schedule adopted pursuant to Section 1 of this Act.

Section 3. Severability. *If* any provision of this Act or its application to any person or circumstance is found to be invalid or contrary to law, such invalidity shall *not* affect other provisions or applications of this Act which can be given effect without the invalid provisions or application, and to this end the provisions of this Act are severable.

1 **Section 5. Effective Date.** This Act shall become immediately effective
2 upon enactment.



**PROPOSED FEE SCHEDULE
FOR SERVICES
PHASE I**

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

PROPOSED FEE SCHEDULE - PHASE I

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
Psychiatric diagnostic or evaluative interview procedures				
Psychiatric diagnostic interview examination includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of patient.				
90801	Psychiatric diagnostic interview exam; Drug and alcohol comprehensive assessment (use of Addiction Severity Index - ASI).	\$175.55	\$191.51	\$195.00
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication.	\$191.46	\$208.86	\$215.00
Psychiatric therapeutic procedures - outpatient				
Psychotherapy is the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development.				
90804	Individual psychotherapy: 20 - 30 minutes; Drug and alcohol services, individual counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor.	\$70.55	\$83.38	\$89.80
90805	Individual psychotherapy: 20 - 30 minutes with medical evaluation and management services.			\$111.00

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90806	Individual psychotherapy: 45 - 50 minutes; Drug and alcohol services, individual counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor; Drug and alcohol services, individual counseling for children under 17 years of age.	\$92.21	\$108.98	\$117.36
90807	Individual psychotherapy: 45 - 50 minutes with medical evaluation and management services.			\$144.02
90808	Individual psychotherapy: 75 - 80 minutes.	\$134.30	\$158.72	\$170.93
90809	Individual psychotherapy: 75 - 80 minutes with medical evaluation and management services.			\$199.57
Interactive psychotherapy				
Interactive psychotherapy is typically furnished to children. It involves the use of physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the clinician and a patient who has not yet developed, or has lost either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the clinician if he/she were to use ordinary adult language for communication.				
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 20 - 30 minutes face-to-face with the patient.	\$71.91	\$84.98	\$91.52
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 20 - 30 minutes face-to-face with the patient with medical evaluation and management services.			\$119.60

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 45 - 50 minutes face-to-face with patient.	\$101.52	\$119.98	\$129.21
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communications, in an office or outpatient facility, approx 45 - 50 minutes face-to face with patient with medical evaluation and management services.			\$156.95
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communications, in an office or outpatient facility, approx 75 - 80 minutes face-to-face with patient.	\$144.74	\$171.05	\$184.21
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 75 - 80 minutes face-to-face with patient with medical evaluation and management services.			\$214.28
Inpatient hospital, partial hospital or behavior modifying residential care facility				
Hospital care by the attending-licensed professional in treating a psychiatric inpatient or partial hospitalization maybe initial or subsequent in nature and may include exchanges with nursing personnel. Hospital care services involve a variety of responsibilities unique to the medical management of inpatients, such as a physician hospital orders, interpretation of laboratory or other medical diagnostic studies and observation.				
90816	Individual Inpatient Psychotherapy: 20 - 30 minutes.	\$58.22	\$68.81	\$74.10
90817	Individual Inpatient Psychotherapy: 20 - 30 minutes with medical evaluation and management services.			\$89.75
90818	Individual Inpatient Psychotherapy: 45 - 50 minutes.	\$85.56	\$101.12	\$108.89

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90819	Individual Inpatient Psychotherapy: 45 - 50 minutes with medical evaluation and management services.			\$127.85
90821	Individual Inpatient Psychotherapy: 75 - 80 minutes.	\$126.29	\$149.25	\$160.73
90822	Individual Inpatient Psychotherapy: 75 - 80 minutes with medical evaluation and management services.			\$182.79
Interactive psychotherapy, inpatient				
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 20 - 30 minutes face-to-face with the patient.	\$64.50	\$76.23	\$82.10
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 20 - 30 minutes face-to face with the patient with medical evaluation and management services.			\$96.77
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 45 - 50 minutes face-to-face with the patient.	\$90.92	\$107.45	\$115.71
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 45 - 50 minutes face-to face with the patient with medical evaluation and management services.			\$133.10

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 75 - 80 minutes face-to-face with the patient.	\$130.42	\$154.13	\$165.99
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 75 - 80 minutes face-to-face with the patient with medical evaluation and management services.			\$189.13
Other psychotherapy				
90845	Psychoanalysis.	\$87.44	\$103.34	\$111.29
90846	Family therapy (without patient present).	\$92.39	\$109.19	\$117.59
90847	Family therapy (with patient present).	\$115.52	\$136.53	\$147.03
90849	Multiple-family group psychotherapy.	\$43.89	\$43.89	\$43.89
90853	Group psychotherapy (other than of a multiple-family group); Drug and alcohol services, group counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor; Drug and alcohol services, group counseling for children under 17 years of age.	\$42.35	\$42.35	\$42.35
90857	Interactive group psychotherapy.	\$49.23	\$49.23	\$49.23
Other psychiatric services or procedures				
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.		\$80.55	\$86.74

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approx 20 - 30 minutes.		\$75.83	\$81.67
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approx 45 - 50 minutes.		\$86.67	\$93.34
90880	Hypnotherapy .		\$128.49	\$138.38
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes.		\$130.00	\$140.00
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other persons, or advising them how to assist patient.			\$140.00
90889	Preparation of reports of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers.		\$119.17	\$119.17
Health & behavior assessment/intervention				
96101	Psychological testing, interpretation, and reporting.		\$108.47	
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., Minnesota Multi Phasic Inventory and Weschler Adult Intelligence Scale), with qualified health care professional interpretation and report, administered by tech, per hour of tech time.		\$107.30	

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. Minnesota Multi Phasic Inventory), administered by a computer, with qualified health care professional interpretation and report.		\$90.90	
96105	Assessment of aphasia includes test admin, interpretation and report, per hour.		\$139.95	
96110	Developmental testing limited with interpretation and report, e.g., autistic spectrum disorders.		\$130.00	
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.		\$165.45	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results.		\$119.11	\$119.11
96118	Neuropsychological testing (e.g. Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results.		\$125.32	

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96119	Neuropsychological testing (e.g. Haistead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by tech, per hour of tech time, face-to-face.		\$100.22	
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.		\$128.69	
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering test to the patient and time interpreting these test results.		\$135.60	
96150	Health and behavioral assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.	\$22.87	\$27.03	\$27.03
96151	Health and behavioral assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment.	\$22.12	\$26.14	\$26.14
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual.	\$20.94	\$24.75	\$24.75
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients).	\$4.87	\$5.76	\$5.76
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present).	\$20.57	\$24.31	\$24.31

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present).	\$20.57	\$24.31	\$24.31
98966	Telephone consult/order/intervention, brief (less than 15 minutes).	\$15.00	\$17.73	\$17.73
98967	Telephone consult/order/intervention, limited (15 to 30 minutes).	\$35.00	\$41.37	\$41.37
98968	Telephone consult/order/intervention, intermediate (more than 30 minutes).	\$55.00	\$65.00	\$65.00
99075	Medical testimony.		\$189.58	\$204.16

Code	Description	Rate
80101	Drug and alcohol screening for presence of drug and/or alcohol	\$45.00
Adult and/or children's inpatient unit service, room and board		
62330	Adult inpatient unit per day - This service provide 24-hour acute psychiatric in-patient care for adults with mental disorder(s). Comprehensive psychiatric care includes supervised care provided by an interdisciplinary team, a semi-private room and daily meals. Ancillary services (x-ray, pharmacy and laboratory) are excluded and are charged separately. The room charge is imposed on a daily census conducted at midnight. The admission and discharge occurs only when approved by those persons authorized by law to do so.	\$856.25
62331	Children inpatient unit per day - This service provide 24-hour acute in-patient care for children/adolescents through the age of 17 with mental disorder(s). Comprehensive psychiatric care includes services and supervised care provided by an interdisciplinary team, a semi-private room and daily meals. Ancillary services (x-ray, pharmacy and laboratory) are excluded and are charged separately. The room charge is imposed from a daily census conducted at midnight. the admission and discard occurs only when approved by thus persons authorized by law to do so.	\$856.25
Inpatient/Outpatient		
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$23.10

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROPOSED FEE SCHEDULE - PHASE I

PUBLIC HEARING:
APRIL 26, 2012

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

ANTIPSYCHOTIC DRUGS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ABILIFY (TABLET)	ARIPIRAZOLE	2, 5, 10, 15, 20 MG
2	PROLIXIN (TABLET)	FLUPHENAZINE	2, 5, 10 MG
3	GEODON (CAPSULES)	ZIPRAZIDONE	20, 40, 60, 80 MG
4	HALDOL (TABLET)	HALOPERIDOL	0.5, 1, 2, 5, 10, 20MG
5	INVEGA (TABLET)	PALIPERIDONE	3, 6, 9 MG
6	MOBAN (TABLET)	MOLINDONE	5, 10, 25, 50, 100 MG
7	NAVANE (CAPSULE)	THIOTHIXENE	1, 2, 5, 10, 20 MG
8	RISPERDAL (TABLET)	RISPERIDONE	1, 2, 3, 4 MG
9	SEROQUEL (TABLET)	QUETIAPINE	25, 50, 100, 200, 300, 400 MG
10	THORAZINE (TABLET)	CHLORPROMAZINE	10, 25, 50, 100 MG
11	ZYPREXA (TABLET)	OLANZAPINE	10, 15, 20 MG
12	PROLIXIN Hcl INJECTION	FLUPHENAZINE	2.5 MG/ML
13	PROLIXIN DECANOATE INJECTION	FLUPHENAZINE	25 MG/ML
14	HALDOL DECANOATE INJECTION	HALOPERIDOL DECANOATE	50MG/ML, 100MG/ML
15	HALDOL HCL INJECTION	HALOPERIDOL	5 MG/ML
16	ATIVAN INJECTION	LORAZEPAM INJECTION	2MG/ML
17	BENADRYL INJECTION	DIPHENHYDRAMINE	50MG/ML
18	RISPERDAL POWDER FOR INJECTION	RISPERIDONE	12.5, 25, 37.5, 50 MG
19	INVEGA INJECTION	PALIPERIDONE	39, 78, 117, 156, MG
20	ZYPREXA INJECTION (LONG & SHORT)	OLANZAPINE	10MG, 210 MG/ML, 300MG/ML, 405MG/ML

ANTIDEPRESSANTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	CELEXA (TABLET)	CITALOPRAM	20, 40 MG
2	CYMBALTA (CAPSULE)	DULOXETINE	30, 60 MG
3	EFFEXOR (TABLET)	VENLAFAXINE	37.5, 50, 75, 100 MG
4	EFFEXOR XR (CAPSULE)	VENLAFAXINE XR	75, 150 MG
5	LEXAPRO (TABLET)	ESCITALOPRAM	10, 20 MG
6	PAMELOR (CAPSULE)	NORTRIPTYLINE	25, 50 MG
7	PAXIL (TABLET)	PAROXETINE	10, 20, 40 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

8	PRISTIQ (TABLET)	DESVENLAFAXINE	50, 100 MG
9	PROZAC (CAPSULE)	FLUOXETINE	10 MG
10	REMERON (TABLET)	MIRTAZAPINE	15, 30 MG
11	TOFRANIL (TABLET)	IMIPRAMINE	25, 50 MG
12	WELLBUTRIN (TABLET)	BUPROPION	75, 100, 150 MG
13	WELLBUTRIN SR (TABLET)	BUPROPION SR	100, 150, 200, 300 MG
14	WELLBUTRIN XL (TABLET)	BUPROPION XL	100, 150, 200, 300 MG
15	ZOLOFT (TABLET)	SERTRALINE	25, 50, 100 MG

MOOD STABILIZING AGENTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	DEPAKOTE (TABLET)	DIVALPROEX SODIUM	250, 500 MG
2	DEPAKENE (CAPSULE)	VALPROIC ACID	250, 500 MG
3	ESKALITH (CAPSULE)	LITHIUM CARBONATE	150, 300, 450, 600 MG
4	LAMICTAL (TABLET)	LAMOTRIGINE	25, 50, 100, 150, 200 MG
5	NEURONTIN (CAPSULE)	GABAPENTIN	100, 300, 400, 600, 800 MG
6	TEGRETOL (TABLET)	CARBAMAZEPINE	100, 200 MG
7	TOPAMAX (TABLET)	TOPIRAMATE	15, 25, 50, 100, 200 MG
8	TRILEPTAL (TABLET)	OXCARBAMAZEPINE	150, 300, 600 MG

ANTI-ANXIETY AGENTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ATIVAN (TABLET)	LORAZEPAM	0.5, 1, 2 MG
2	BUSPAR (TABLET)	BUSPIRONE	5, 7.5, 10, 15, 30 MG
3	KLONOPIN (TABLET)	CLONAZEPAM	0.125, 0.25, 0.5, 1, 2 MG
4	LIBRIUM (CAPSULE)	CHLORDIAZEPOXIDE	5, 10, 25 MG
5	SERAX (CAPSULE)	OXAZEPAM	10, 15, 30 MG
6	XANAX (TABLET)	ALPRAZOLAM	0.25, 0.5, 1.2 MG
7	VALIUM (TABLET)	DIAZEPAM	2, 5, 10 MG
8	AKINETON (TABLET)	BIPERIDEN	2 MG
9	SYMMETREL (CAPSULE)	AMANTADINE	100 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

10	COGENTIN (TABLET)	BENZTROPINE	0.5, 1, 2 MG
11	ARTANE (TABLET)	TRIHENXYPHENIDYL	2, 5 MG
12	CATAPRES (TABLET)	CLONIDINE	0.1, 0.2, 0.3 MG
13	ALPHA-TOCOPHEROL	VITAMIN E	400 IU
14	NICODERM CQ	NICOTINE TRANSDERMAL	5, 7, 10, 14, 15, 21 MG/DAY

ADHD MEDICATIONS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ADDERALL (TABLET)	AMPHETAMINE/DEXTROAMPHETAMINE	5, 7.5, 10, 12.5, 15, 20, 30 MG
2	ADDERALL XR (CAPSULE)	AMPHETAMINE/DEXTROAMPHETAMINE	5, 15, 20, 25, 30 MG
3	CONCERTA (TABLET)	METHYLPHENIDATE	18, 27, 36, 54 MG
4	DEXEDRINE	DEXTROAMPHETAMINE	5, 10, 15 MG
5	FOCALIN	DEXMETHYPHENIDATE	2.5, 5, 10 MG
6	INTUNIV	GUANFACINE	1, 2 MG
7	METADATE	METHYLPHENIDATE	5, 10, 20 MG
8	RITALIN	METHYLPHENIDATE	5, 10, 20 MG
9	RITALIN SR	METHYLPHENIDATE	10, 20, 30, 40, 50, 60 MG
10	STRATERRA	ATOMOXETINE	10, 18, 25, 40, 60, 80, 100 MG
11	VYVANSE	LISDEXAMFETAMINE	20, 30, 40, 50, 60, 70 MG

HYPERACIDITY

	BRAND NAME	GENERIC NAME	STRENGTH
1	PRILOSEC	OMEPRAZOLE	20, 40 MG
2	MYLANTA	ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE	200 MG / 5 ML, 400 MG / 5 ML
3	MAALOX	ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE	(540 MG / 40 MG) / 5 ML
4	MILK OF MAGNESIA	MAGNESIUM HYDROXIDE	

PAIN MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	TYLENOL	ACETAMINOPHEN	325, 500 MG
2	MOTRIN	IBUPROFEN	400, 600, 800 MG
3	ECOTRIN	ASPIRIN	81, 325 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

ANTIHYPERTENSIVE

	BRAND NAME	GENERIC NAME	STRENGTH
1	TENORMIN	ATENOLOL	25, 50, 100 MG
2	LOPRESOR	METOPROLOL	25, 50, 100 MG
3	ZESTRIL	LISINAPRIL	2.5, 5, 10, 20, 30, 40 MG
4	COZAAR	LOSARTAN	25, 50, 100 MG
5	DIOVAN	VALSARTAN	40, 80, 160, 320 MG
6	NORVASC	AMLODIPINE	2.5, 5, 10 MG
7	HYDRODIURIL	HYDROCHLOROTHIAZIDE	12.5, 25, 50, 100 MG
8	CAPOTEN	CAPTAPRIL	12.5, 25, 50, 100 MG

ANTIALLERGY

	BRAND NAME	GENERIC NAME	STRENGTH
1	ZYRTEC	CETIRIZINE	5, 10 MG
2	ALLEGRA	FEXOFENADINE	30, 60, 180 MG
3	BENADRYL	DIPHENHYDRAMINE	12.5, 25, 50 MG
4	CLARINEX	DESLOTRADINE	5 MG

COUGH MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ROBITUSSIN	DEXTROMETHORPHAN	30 MG / ML
2	TYLENOL COLD & COUGH		
3	SUDAPED	PSEUDOEPHEDRINE	15, 30, 60, 120 MG

DIABETIC MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	GLUCOTROL	GLIPIZIDE	5, 10 MG
2	GLUCOPHAGE	METFORMIN	500, 850, 1000 MG
3	PRECOSE	ACARBOSE	25, 50, 100 MG
4	ACTOS	PIOGLITAZONE	15, 30, 45 MG
5	JANUVIA	SITAGLIPTIN	25, 50, 100 MG
6	HUMULIN R	REGULAR INSULIN	

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

7	HUMULIN 70 / 30		
8	GLUCOSE METER		

INFECTIONS

	BRAND NAME	GENERIC NAME	STRENGTH
1	CIPRO (TABLET)	CIPROFLOXACIN	250, 500, 750 MG
2	BACTRIM DS (TABLET)	SULFAMETHOXAZOLE & TRIMETHOPRIM	160 MG / 800 MG
3	TRIMOX (CAPSULE)	AMOXICILLIN	250, 500 MG
4	ZITHROMAX (TABLET)	AZITHROMYCIN	250, 500 MG
5	AUGMENTIN (TABLET)	AMOXICILLIN & CLAVULANATE	500, 875 MG

ANTI-ASTHMA

	BRAND NAME	GENERIC NAME	STRENGTH
1	PROAIR HFA	ALBUTEROL INHALER	90 MCG
2	PROVENTIL NEBULES	ALBUTEROL NEBULES	0.08%
3	ADVAIR DISKUS	SALMETROL / FLUTICASONE	50 MCG / 100 MCG, 50 MCG / 25 OMG, 500 MCG / 500 MG (ACTUATION)
4	NEBULIZER		

ANTI-OPIOID DEPENDENCY

1	VIVITROL	NALTREXONE	380 MG
2	SUBOXENE	BUPRENORPHINE/NALOXONE	16/4 MG

MISCELLANEOUS

BACITRACIN OINTMENT

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
FEE SCHEDULE FOR MEDICATION - PHASE I
FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

NITROGLYCERIN SUBLINGUAL (NITROSTAT) - 0.3, 0.4, 0.6 MG
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HYDROGEN PEROXIDE 10%

NEOSPORIN OINTMENT

CALAMIN LOTION (CALADRYL)

DISPHENHYDRAMIN CREAM (BENADRYL)



MINA' TRENTAI UNU NA LIHESLATURAN GUÅHAN
2012 (SECOND) Regular Session

Bill No. 506-31 (COR), as Substituted
Committee on Health & Human Services,
Economic Development, Senior Citizens, and
Election Reform

Introduced by:

B.J.F. Cruz

**AN ACT TO ADOPT THE PROPOSED FEE
SCHEDULE FOR THE DEPARTMENT OF
MENTAL HEALTH AND SUBSTANCE ABUSE,
ATTACHED AS EXHIBIT A.**

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Finding and Intent. *I Liheslaturan Guåhan* finds that the Department of Mental Health & Substance Abuse (DMHSA) has been unable to recover the full costs for services provided to clients. This has primarily been due to the lack of a duly promulgated fee schedule reflective of actual costs.

Funding required to develop and operate DMHSA programs and services have primarily come from General Fund appropriations, and as further provided pursuant to the Consent Decree, as amended, relative to the Permanent Injunction ordered by the U.S. District Court of Guam. *I Liheslaturan Guåhan* takes due note that the proposed fee schedule appended to this Act as Exhibit "A" was duly promulgated pursuant to Article 3- Rule Making Procedures, of Chapter 9, Title 5, Guam Code Annotated, and is calculated to more accurately reflect and recover the actual cost of treatment and services provided in today's economy.

It is the *intent* of *I Liheslaturan Guåhan* that, to the extent practicable, DMHSA shall be financially self-sustaining.

1 It is, further, the *intent* of *I Liheslaturan Guåhan* to ensure that all revenue
2 realized pursuant to a fee schedule shall remain with and is solely to be expended
3 by DMHSA for, but not limited to, its costs of operations, personnel, contractual
4 services, the development of programs and services, the timely payment of debt
5 obligations, capital improvements, and any other purposes approved and
6 appropriated for pursuant to the annual Fiscal Year budget appropriation act of the
7 Executive Branch, and applicable law. So as to ensure that the revenue realized
8 pursuant to the fee schedule shall be protected from utilization for other purposes
9 not pertaining to DMHSA, all revenue realized shall be deposited in a special
10 *Mental Health Development and Operations Fund ('Fund')* and shall not be
11 commingled with the General Fund or any other fund or account of the government
12 of Guam, and shall be kept in a separate bank account, subject to legislative
13 appropriation, to be used solely by DMHSA, or qualifying private non-
14 governmental organizations delivering healthcare services for DMHSA.

15 **Section 2. Adoption of the Fee Schedule.** Notwithstanding any other
16 provision of law, rule, regulation and Executive Order, the Department of Mental
17 Health and Substance Abuse’s “Fee Schedule”, and attached hereto as Exhibit “A”,
18 are hereby adopted by *I Mina ’Trentai Unu Na Liheslaturan Guåhan*.

19 **Section 3. Amendment of the Fee Schedule.** The Department of Mental
20 Health & Substance Abuse, *shall*, at a minimum of every two years, and pursuant
21 to Article 3- Rule Making Procedures, of Chapter 9, Title 5, Guam Code
22 Annotated, review and amend, as necessary, the fee schedule adopted pursuant to
23 Section 2 of this Act.

24 **Section 4. Mental Health Development and Operations Fund;**
25 **Established.**

1 (a) There is hereby created, separate and apart from other funds and
2 accounts of the government of Guam, a fund known as the *Mental Health*
3 *Development and Operations Fund* ('Fund'). The Fund shall not be commingled
4 with the General Fund or any other fund or account of the government of Guam,
5 and shall be kept in a separate bank account, subject to legislative appropriation, to
6 be used by the public healthcare agencies of the government of Guam, or
7 qualifying private non-governmental organizations delivering healthcare services.

8 (b) The Fund shall be financed by the collection of fees paid pursuant to the
9 Department of Mental & Substance Abuse "Fee Schedule" adopted pursuant to this
10 Act, and as it may be amended pursuant to Section 3 of this Act. Such fees shall
11 be collected from the healthcare insurance companies providing such coverage on
12 Guam.

13 (c) Expenditures from Fund, Authorized. All expenditures from the fund
14 shall be authorized and appropriated pursuant to the annual Fiscal Year Budget Act
15 of the Executive Branch, applicable law, rules and regulations, and as may be
16 further provided or required pursuant to the *Permanent Injunction* ordered by the
17 U.S. District Court of Guam mandating DMHSA to provide necessary and timely
18 services to its clients. Expenditures from the Fund by DMHSA shall be for, but is
19 not limited to, its costs of operations, personnel, contractual services, the
20 development of programs and services, the timely payment of debt obligations,
21 capital improvements, and any other purposes approved and appropriated for
22 pursuant to the annual Fiscal Year budget appropriation act of the Executive
23 Branch, and applicable law, rules and regulations.

24 i. Any appropriation or expenditure authorization not utilized by the
25 end of a fiscal year shall not lapse and shall continue to be available and may

1 be expended in the next fiscal year, subject to availability of funds, unless
2 otherwise specifically precluded or prohibited pursuant to law.

3 ii. The Department of Mental Health & Substance Abuse shall
4 prioritize the timely payment of all outstanding debt obligations to the Guam
5 Memorial Hospital Authority.

6 (d) Fund Administration. The Department of Administration shall be the
7 disbursing and certifying officer for the Fund, and shall comply with the provisions
8 of Chapter 14 of Title 46, Guam Code Annotated. The Director of Administration
9 shall maintain appropriate records of the Fund and shall provide accounting and
10 auditing services for the Fund.

11 (e) Submission of Detailed Report of Deposits and Expenditures on a
12 Quarterly Basis. The Administrator of the Department of Administration, in
13 conjunction with the Director of the Department of Mental Health & Substance
14 Abuse, shall submit to the Speaker and the Chairperson of the Committee on
15 Health & Human Services of I Liheslaturan Guåhan, or its equivalent successor,
16 and I Maga'lahan Guåhan a detailed report of the revenue received and deposited
17 into the Fund and all expenditures from the Fund on a quarterly basis.

18 **Section 5. Severability.** *If* any provision of this Act or its application to
19 any person or circumstance is found to be invalid or contrary to law, such
20 invalidity shall *not* affect other provisions or applications of this Act which can be
21 given effect without the invalid provisions or application, and to this end the
22 provisions of this Act are severable.

23 **Section 6. Effective Date.** This Act shall become immediately effective
24 upon enactment.



**PROPOSED FEE SCHEDULE
FOR SERVICES
PHASE I**

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

PROPOSED FEE SCHEDULE - PHASE I

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
Psychiatric diagnostic or evaluative interview procedures				
Psychiatric diagnostic interview examination includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of patient.				
90801	Psychiatric diagnostic interview exam; Drug and alcohol comprehensive assessment (use of Addiction Severity Index - ASI).	\$175.55	\$191.51	\$195.00
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication.	\$191.46	\$208.86	\$215.00
Psychiatric therapeutic procedures - outpatient				
Psychotherapy is the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development.				
90804	Individual psychotherapy: 20 - 30 minutes; Drug and alcohol services, individual counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor.	\$70.55	\$83.38	\$89.80
90805	Individual psychotherapy: 20 - 30 minutes with medical evaluation and management services.			\$111.00

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90806	Individual psychotherapy: 45 - 50 minutes; Drug and alcohol services, individual counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor; Drug and alcohol services, individual counseling for children under 17 years of age.	\$92.21	\$108.98	\$117.36
90807	Individual psychotherapy: 45 - 50 minutes with medical evaluation and management services.			\$144.02
90808	Individual psychotherapy: 75 - 80 minutes.	\$134.30	\$158.72	\$170.93
90809	Individual psychotherapy: 75 - 80 minutes with medical evaluation and management services.			\$199.57
Interactive psychotherapy				
Interactive psychotherapy is typically furnished to children. It involves the use of physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the clinician and a patient who has not yet developed, or has lost either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the clinician if he/she were to use ordinary adult language for communication.				
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 20 - 30 minutes face-to-face with the patient.	\$71.91	\$84.98	\$91.52
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 20 - 30 minutes face-to-face with the patient with medical evaluation and management services.			\$119.60

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 45 - 50 minutes face-to-face with patient.	\$101.52	\$119.98	\$129.21
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communications, in an office or outpatient facility, approx 45 - 50 minutes face-to face with patient with medical evaluation and management services.			\$156.95
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communications, in an office or outpatient facility, approx 75 - 80 minutes face-to-face with patient.	\$144.74	\$171.05	\$184.21
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 75 - 80 minutes face-to-face with patient with medical evaluation and management services.			\$214.28
Inpatient hospital, partial hospital or behavior modifying residential care facility				
Hospital care by the attending licensed professional in treating a psychiatric inpatient or partial hospitalization may be initial or subsequent in nature and may include exchanges with nursing personnel. Hospital care services involve a variety of responsibilities unique to the medical management of inpatients, such as a physician hospital orders, interpretation of laboratory or other medical diagnostic studies and observation.				
90816	Individual Inpatient Psychotherapy: 20 - 30 minutes.	\$58.22	\$68.81	\$74.10
90817	Individual Inpatient Psychotherapy: 20 - 30 minutes with medical evaluation and management services.			\$89.75
90818	Individual Inpatient Psychotherapy: 45 - 50 minutes.	\$85.56	\$101.12	\$108.89

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90819	Individual Inpatient Psychotherapy: 45 - 50 minutes with medical evaluation and management services.			\$127.85
90821	Individual Inpatient Psychotherapy: 75 - 80 minutes.	\$126.29	\$149.25	\$160.73
90822	Individual Inpatient Psychotherapy: 75 - 80 minutes with medical evaluation and management services.			\$182.79
Interactive psychotherapy, inpatient				
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 20 - 30 minutes face-to-face with the patient.	\$64.50	\$76.23	\$82.10
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 20 - 30 minutes face-to face with the patient with medical evaluation and management services.			\$96.77
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 45 - 50 minutes face-to-face with the patient.	\$90.92	\$107.45	\$115.71
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 45 - 50 minutes face-to face with the patient with medical evaluation and management services.			\$133.10

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 75 - 80 minutes face-to-face with the patient.	\$130.42	\$154.13	\$165.99
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 75 - 80 minutes face-to face with the patient with medical evaluation and management services.			\$189.13
Other psychotherapy				
90845	Psychoanalysis.	\$87.44	\$103.34	\$111.29
90846	Family therapy (without patient present).	\$92.39	\$109.19	\$117.59
90847	Family therapy (with patient present).	\$115.52	\$136.53	\$147.03
90849	Multiple-family group psychotherapy.	\$43.89	\$43.89	\$43.89
90853	Group psychotherapy (other than of a multiple-family group); Drug and alcohol services, group counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor; Drug and alcohol services, group counseling for children under 17 years of age.	\$42.35	\$42.35	\$42.35
90857	Interactive group psychotherapy.	\$49.23	\$49.23	\$49.23
Other psychiatric services or procedures				
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.		\$80.55	\$86.74

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approx 20 - 30 minutes.		\$75.83	\$81.67
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approx 45 - 50 minutes.		\$86.67	\$93.34
90880	Hypnotherapy .		\$128.49	\$138.38
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes.		\$130.00	\$140.00
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other persons, or advising them how to assist patient.			\$140.00
90889	Preparation of reports of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers.		\$119.17	\$119.17
Health & behavior assessment/intervention				
96101	Psychological testing, interpretation, and reporting.		\$108.47	
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., Minnesota Multi Phasic Inventory and Weschler Adult Intelligence Scale), with qualified health care professional interpretation and report, administered by tech, per hour of tech time.		\$107.30	

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. Minnesota Multi Phasic Inventory), administered by a computer, with qualified health care professional interpretation and report.		\$90.90	
96105	Assessment of aphasia includes test admin, interpretation and report, per hour.		\$139.95	
96110	Developmental testing limited with interpretation and report, e.g., autistic spectrum disorders.		\$130.00	
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.		\$165.45	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results.		\$119.11	\$119.11
96118	Neuropsychological testing (e.g. Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results.		\$125.32	

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96119	Neuropsychological testing (e.g. Haistead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by tech, per hour of tech time, face-to-face.		\$100.22	
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.		\$128.69	
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering test to the patient and time interpreting these test results.		\$135.60	
96150	Health and behavioral assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.	\$22.87	\$27.03	\$27.03
96151	Health and behavioral assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment.	\$22.12	\$26.14	\$26.14
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual.	\$20.94	\$24.75	\$24.75
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients).	\$4.87	\$5.76	\$5.76
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present).	\$20.57	\$24.31	\$24.31

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present).	\$20.57	\$24.31	\$24.31
98966	Telephone consult/order/intervention, brief (less than 15 minutes).	\$15.00	\$17.73	\$17.73
98967	Telephone consult/order/intervention, limited (15 to 30 minutes).	\$35.00	\$41.37	\$41.37
98968	Telephone consult/order/intervention, intermediate (more than 30 minutes).	\$55.00	\$65.00	\$65.00
99075	Medical testimony.		\$189.58	\$204.16

Code	Description	Rate
80101	Drug and alcohol screening for presence of drug and/or alcohol	\$45.00
Adult and/or children's inpatient unit service, room and board		
62330	Adult inpatient unit per day - This service provide 24-hour acute psychiatric in-patient care for adults with mental disorder(s). Comprehensive psychiatric care includes supervised care provided by an interdisciplinary team, a semi-private room and daily meals. Ancillary services (x-ray, pharmacy and laboratory) are excluded and are charged separately. The room charge is imposed on a daily census conducted at midnight. The admission and discharge occurs only when approved by those persons authorized by law to do so.	\$856.25
62331	Children inpatient unit per day - This service provide 24-hour acute in-patient care for children/adolescents through the age of 17 with mental disorder(s). Comprehensive psychiatric care includes services and supervised care provided by an interdisciplinary team, a semi-private room and daily meals. Ancillary services (x-ray, pharmacy and laboratory) are excluded and are charged separately. The room charge is imposed from a daily census conducted at midnight. the admission and discard occurs only when approved by thus persons authorized by law to do so.	\$856.25
Inpatient/Outpatient		
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$23.10

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROPOSED FEE SCHEDULE - PHASE I

PUBLIC HEARING:
APRIL 26, 2012

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

ANTIPSYCHOTIC DRUGS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ABILIFY (TABLET)	ARIPIRAZOLE	2, 5, 10, 15, 20 MG
2	PROLIXIN (TABLET)	FLUPHENAZINE	2, 5, 10 MG
3	GEODON (CAPSULES)	ZIPRAZIDONE	20, 40, 60, 80 MG
4	HALDOL (TABLET)	HALOPERIDOL	0.5, 1, 2, 5, 10, 20MG
5	INVEGA (TABLET)	PALIPERIDONE	3, 6, 9 MG
6	MOBAN (TABLET)	MOLINDONE	5, 10, 25, 50, 100 MG
7	NAVANE (CAPSULE)	THIOTHIXENE	1, 2, 5, 10, 20 MG
8	RISPERDAL (TABLET)	RISPERIDONE	1, 2, 3, 4 MG
9	SEROQUEL (TABLET)	QUETIAPINE	25, 50, 100, 200, 300, 400 MG
10	THORAZINE (TABLET)	CHLORPROMAZINE	10, 25, 50, 100 MG
11	ZYPREXA (TABLET)	OLANZAPINE	10, 15, 20 MG
12	PROLIXIN Hcl INJECTION	FLUPHENAZINE	2.5 MG/ML
13	PROLIXIN DECANOATE INJECTION	FLUPHENAZINE	25 MG/ML
14	HALDOL DECANOATE INJECTION	HALOPERIDOL DECANOATE	50MG/ML, 100MG/ML
15	HALDOL HCL INJECTION	HALOPERIDOL	5 MG/ML
16	ATIVAN INJECTION	LORAZEPAM INJECTION	2MG/ML
17	BENADRYL INJECTION	DIPHENHYDRAMINE	50MG/ML
18	RISPERDAL POWDER FOR INJECTION	RISPERIDONE	12.5, 25, 37.5, 50 MG
19	INVEGA INJECTION	PALIPERIDONE	39, 78, 117, 156, MG
20	ZYPREXA INJECTION (LONG & SHORT)	OLANZAPINE	10MG, 210 MG/ML, 300MG/ML, 405MG/ML

ANTIDEPRESSANTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	CELEXA (TABLET)	CITALOPRAM	20, 40 MG
2	CYMBALTA (CAPSULE)	DULOXETINE	30, 60 MG
3	EFFEXOR (TABLET)	VENLAFAXINE	37.5, 50, 75, 100 MG
4	EFFEXOR XR (CAPSULE)	VENLAFAXINE XR	75, 150 MG
5	LEXAPRO (TABLET)	ESCITALOPRAM	10, 20 MG
6	PAMELOR (CAPSULE)	NORTRIPTYLINE	25, 50 MG
7	PAXIL (TABLET)	PAROXETINE	10, 20, 40 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
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8	PRISTIQ (TABLET)	DESVENLAFAXINE	50, 100 MG
9	PROZAC (CAPSULE)	FLUOXETINE	10 MG
10	REMERON (TABLET)	MIRTAZAPINE	15, 30 MG
11	TOFRANIL (TABLET)	IMIPRAMINE	25, 50 MG
12	WELLBUTRIN (TABLET)	BUPROPION	75, 100, 150 MG
13	WELLBUTRIN SR (TABLET)	BUPROPION SR	100, 150, 200, 300 MG
14	WELLBUTRIN XL (TABLET)	BUPROPION XL	100, 150, 200, 300 MG
15	ZOLOFT (TABLET)	SERTRALINE	25, 50, 100 MG

MOOD STABILIZING AGENTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	DEPAKOTE (TABLET)	DIVALPROEX SODIUM	250, 500 MG
2	DEPAKENE (CAPSULE)	VALPROIC ACID	250, 500 MG
3	ESKALITH (CAPSULE)	LITHIUM CARBONATE	150, 300, 450, 600 MG
4	LAMICTAL (TABLET)	LAMOTRIGINE	25, 50, 100, 150, 200 MG
5	NEURONTIN (CAPSULE)	GABAPENTIN	100, 300, 400, 600, 800 MG
6	TEGRETOL (TABLET)	CARBAMAZEPINE	100, 200 MG
7	TOPAMAX (TABLET)	TOPIRAMATE	15, 25, 50, 100, 200 MG
8	TRILEPTAL (TABLET)	OXCARBAMAZEPINE	150, 300, 600 MG

ANTI-ANXIETY AGENTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ATIVAN (TABLET)	LORAZEPAM	0.5, 1, 2 MG
2	BUSPAR (TABLET)	BUSPIRONE	5, 7.5, 10, 15, 30 MG
3	KLONOPIN (TABLET)	CLONAZEPAM	0.125, 0.25, 0.5, 1, 2 MG
4	LIBRIUM (CAPSULE)	CHLORDIAZEPOXIDE	5, 10, 25 MG
5	SERAX (CAPSULE)	OXAZEPAM	10, 15, 30 MG
6	XANAX (TABLET)	ALPRAZOLAM	0.25, 0.5, 1.2 MG
7	VALIUM (TABLET)	DIAZEPAM	2, 5, 10 MG
8	AKINETON (TABLET)	BIPERIDEN	2 MG
9	SYMMETREL (CAPSULE)	AMANTADINE	100 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
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10	COGENTIN (TABLET)	BENZTROPINE	0.5, 1, 2 MG
11	ARTANE (TABLET)	TRIHEXYPHENIDYL	2, 5 MG
12	CATAPRES (TABLET)	CLONIDINE	0.1, 0.2, 0.3 MG
13	ALPHA-TOCOPHEROL	VITAMIN E	400 IU
14	NICODERM CQ	NICOTINE TRANSDERMAL	5, 7, 10, 14, 15, 21 MG/DAY

ADHD MEDICATIONS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ADDERALL (TABLET)	AMPHETAMINE/DEXTROAMPHETAMINE	5, 7.5, 10, 12.5, 15, 20, 30 MG
2	ADDERALL XR (CAPSULE)	AMPHETAMINE/DEXTROAMPHETAMINE	5, 15, 20, 25, 30 MG
3	CONCERTA (TABLET)	METHYLPHENIDATE	18, 27, 36, 54 MG
4	DEXEDRINE	DEXTROAMPHETAMINE	5, 10, 15 MG
5	FOCALIN	DEXMETHYPHENIDATE	2.5, 5, 10 MG
6	INTUNIV	GUANFACINE	1, 2 MG
7	METADATE	METHYLPHENIDATE	5, 10, 20 MG
8	RITALIN	METHYLPHENIDATE	5, 10, 20 MG
9	RITALIN SR	METHYLPHENIDATE	10, 20, 30, 40, 50, 60 MG
10	STRATERRA	ATOMOXETINE	10, 18, 25, 40, 60, 80, 100 MG
11	VYVANSE	LISDEXAMFETAMINE	20, 30, 40, 50, 60, 70 MG

HYPERACIDITY

	BRAND NAME	GENERIC NAME	STRENGTH
1	PRILOSEC	OMEPRAZOLE	20, 40 MG
2	MYLANTA	ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE	200 MG / 5 ML, 400 MG / 5 ML
3	MAALOX	ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE	(540 MG / 40 MG) / 5 ML
4	MILK OF MAGNESIA	MAGNESIUM HYDROXIDE	

PAIN MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	TYLENOL	ACETAMINOPHEN	325, 500 MG
2	MOTRIN	IBUPROFEN	400, 600, 800 MG
3	ECOTRIN	ASPIRIN	81, 325 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
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ANTIHYPERTENSIVE

	BRAND NAME	GENERIC NAME	STRENGTH
1	TENORMIN	ATENOLOL	25, 50, 100 MG
2	LOPRESOR	METOPROLOL	25, 50, 100 MG
3	ZESTRIL	LISINAPRIL	2.5, 5, 10, 20, 30, 40 MG
4	COZAAR	LOSARTAN	25, 50, 100 MG
5	DIOVAN	VALSARTAN	40, 80, 160, 320 MG
6	NORVASC	AMLODIPINE	2.5, 5, 10 MG
7	HYDRODIURIL	HYDROCHLOROTHIAZIDE	12.5, 25, 50, 100 MG
8	CAPOTEN	CAPTOPRIL	12.5, 25, 50, 100 MG

ANTIALLERGY

	BRAND NAME	GENERIC NAME	STRENGTH
1	ZYRTEC	CETIRIZINE	5, 10 MG
2	ALLEGRA	FEXOFENADINE	30, 60, 180 MG
3	BENADRYL	DIPHENHYDRAMINE	12.5, 25, 50 MG
4	CLARINEX	DESLOTRADINE	5 MG

COUGH MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ROBITUSSIN	DEXTROMETHORPHAN	30 MG / ML
2	TYLENOL COLD & COUGH		
3	SUDAPED	PSEUDOEPHEDRINE	15, 30, 60, 120 MG

DIABETIC MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	GLUCOTROL	GLIPIZIDE	5, 10 MG
2	GLUCOPHAGE	METFORMIN	500, 850, 1000 MG
3	PRECOSE	ACARBOSE	25, 50, 100 MG
4	ACTOS	PIOGLITAZONE	15, 30, 45 MG
5	JANUVIA	SITAGLIPTIN	25, 50, 100 MG
6	HUMULIN R	REGULAR INSULIN	

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
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7	HUMULIN 70 / 30		
8	GLUCOSE METER		

INFECTIONS

	BRAND NAME	GENERIC NAME	STRENGTH
1	CIPRO (TABLET)	CIPROFLOXACIN	250, 500, 750 MG
2	BACTRIM DS (TABLET)	SULFAMETHOXAZOLE & TRIMETHOPRIM	160 MG / 800 MG
3	TRIMOX (CAPSULE)	AMOXICILLIN	250, 500 MG
4	ZITHROMAX (TABLET)	AZITHROMYCIN	250, 500 MG
5	AUGMENTIN (TABLET)	AMOXICILLIN & CLAVULANATE	500, 875 MG

ANTI-ASTHMA

	BRAND NAME	GENERIC NAME	STRENGTH
1	PROAIR HFA	ALBUTEROL INHALER	90 MCG
2	PROVENTIL NEBULES	ALBUTEROL NEBULES	0.08%
3	ADVAIR DISKUS	SALMETROL / FLUTICASONE	50 MCG / 100 MCG, 50 MCG / 25 OMG, 500 MCG / 500 MG (ACTUATION)
4	NEBULIZER		

ANTI-OPIOID DEPENDENCY

1	VIVITROL	NALTREXONE	380 MG
2	SUBOXENE	BUPRENORPHINE/NALOXONE	16/4 MG

MISCELLANEOUS

BACITRACIN OINTMENT

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
FEE SCHEDULE FOR MEDICATION - PHASE I
FY2012

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NITROGLYCERIN SUBLINGUAL (NITROSTAT) - 0.3, 0.4, 0.6 MG
HYDROGEN PEROXIDE 10%
NEOSPORIN OINTMENT
CALAMIN LOTION (CALADRYL)
DISPHENHYDRAMIN CREAM (BENADRYL)



SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman
 COMMITTEE ON HEALTH & HUMAN SERVICES, ECONOMIC DEVELOPMENT,
 SENIOR CITIZENS AND ELECTION REFORM
 Mina'trentai Unu Na Liheslaturan Guåhan • 31st Guam Legislature

PUBLIC HEARING DATE / TIME: Friday, September 21, 2012 1pm

AGENDA ITEM: Bill 506-31 (COR)- An act to adopt the proposed fee schedule for the Department of Mental Health and Substance Abuse, attached as Exhibit A. *Introduced by Sen. BJ Cruz*

PRINT NAME	SIGNATURE	AGENCY or ORGANIZATION	ORAL TESTIMONY	WRITTEN TESTIMONY	IN FAVOR	OPPOSE	CONTACT NUMBERS
JAMES KIFFER	<i>[Signature]</i>	FMT	✓		✓		487-7555
DON SDBANG	<i>[Signature]</i>	DMHSA					475-5438
REY M. VEGA	<i>[Signature]</i>	DMHSA					649-1417
Dr. Patricia Talamante	<i>[Signature]</i>	DMHSA					649-5437
<i>None follows</i>							



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**
Dipartimento Sañi Hinasso
Yan Abuson Amot

790 Gov. Carlos G. Camacho Rd.
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EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

August 15, 2012

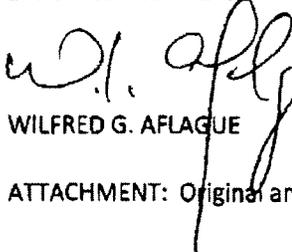
TO: SENATOR TINA MUNA BARNES
Legislative Secretary, 31st Guam Legislature

FROM: WILFRED G. AFLAGUE, DIRECTOR

SUBJECT: DMHSA FEE SCHEDULE

Buenas Yan Hafa Adai! Pursuant to Administrative Adjudication Law, Title 5, G.C.A., Chapter 9, specifically §9303(a) we are officially transmitting our proposed Fee Schedule and accompanying Economic Impact Statement, along with a Disk of the record of the public hearing.

We truly appreciate your continued support of the Department of Mental Health and Substance Abuse.


WILFRED G. AFLAGUE

ATTACHMENT: Original and 1 Copy - Disk

cc: Governor of Guam
Federal Management Team

2/11/12
Sean Regine
Unsettled
Waste
Pls. consider!

Office of the Legislative Secretary
Senate: Tina Muna Barnes
Date 8-15-12
Time 3:31 pm.
Received by S. [Signature]

8-15-12

Leonardo M. Rapadas
Attorney General



Phillip J. Tydingco
Chief Deputy Attorney General

OFFICE OF THE ATTORNEY GENERAL

August 3, 2012

MEMORANDUM

Ref: DMHSA 12-0606

To: Director, Department of Mental Health and Substance Abuse

From: Attorney General

Subject: Approval of DMHSA Fee Schedule

I hereby approve the attached fee schedule and accompanying Economic Impact Statement pursuant to Administrative Adjudication Law, Title 5 G.C.A. Chapter 9, specifically §9303(a), and transmit the same to you. They will become effective ninety calendar days after your Department files two copies of them and the record of the public hearing with Senator Tina Barnes, the Legislative Secretary. Title 5 G.C.A. §9303(b) and (d).

APPROVED:

LEÓNARDO G. RAPADAS
Attorney General

RECOMMENDED FOR APPROVAL:

DAVID J. HIGHSMITH
Assistant Attorney General



08-01-12



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**
Dipartimento Sa'ut Hinesso
Yan Abuson Anot

ECONOMIC IMPACT STATEMENT

Both federal and local mandates continue to have a serious impact on the Department of Mental Health and Substance Abuse. DMHSA is striving to provide the highest level of care in a safe and healthy environment for both patients and staff with available resources and to explore other means to support and maintain program functions.

790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96913
Phone: 671-647-5330, 5448
Fax: 671-647-5402

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

DMHSA constantly faces crucial shortages in clinical personnel because Guam lacks qualified psychiatrists, clinical psychologists, counselors, pharmacists and nurses. Although the Department has progressed towards acquiring these professionals, much more needs to be done.

Funds for medical supplies are available, but pharmacy stock levels are still chronically low because of a lack of local suppliers and cumbersome procurement laws governing psychotropic medications. The Department intends to modify existing regulations so it may efficiently obtain the medications consumers need. The Department currently spends approximately \$1 million per year on medication.

P.L. 28-68 mandates that the Department of Mental Health and Substance Abuse establish a fee schedule for services that can generate revenue to address the mandates of J.C. v. Calvo, et al, District Court Case Number 01-00041 and other legal mandates and to supplement the Department's annual appropriation. The Department has proceeded according to the Administrative Adjudication Law (Title 5 G.C.A. Chapter 9 Article 3) and conducted a public hearing on April 26, 2012.

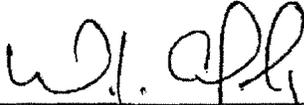
RECEIVED
AUG 01 2012
Office of the Attorney General of Guam

This is the Economic Impact Statement required for the attached Phase I of said rate schedules by Title 5 G.C.A. §9301(e) and (h). The Department will bill private health insurers, Medicare, Medicaid, TriCare, the Medically Indigent Program and self-insured persons according to these fee schedules, but will consider the frequent inability of indigent persons and persons without insurance to pay their bills. This is DMHSA's first such legally enacted fee schedule. Previously, the Department has not charged for its services at all. Most of the new fees are based on Medicare and Medicaid rates.

The Department estimates that these fees will raise approximately \$9-12 million per year in revenue for the Department and greatly increase the level of care it can provide. Attached hereto are several printouts that demonstrate estimated revenue from the fees being enacted herewith.

Dated this 31st day of July, 2012.

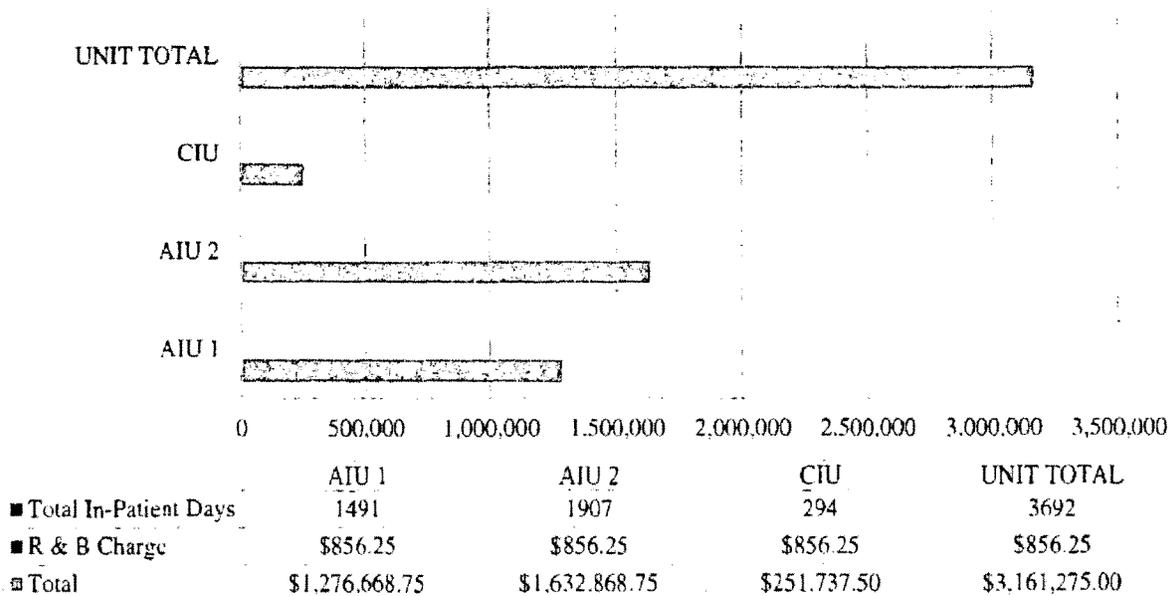
RESPECTFULLY SUBMITTED,



WILFRED G. AFLAGUE
Director, Department of Mental Health &
Substance Abuse

FY' 2012 Annual Estimated Revenue In-Patient Unit				
	AIU 1	AIU 2	CIU	Total
Oct	232	324	25	581
Nov	185	279	53	517
Dec	205	255	39	499
Jan	181	169	10	360
Feb	205	249	21	475
Mar	174	272	53	499
Apr	135	217	33	385
May	174	142	60	376
Jun	0	0	0	0
Jul	0	0	0	0
Aug	0	0	0	0
Sep	0	0	0	0
Total In-Patient Days	1491	1907	294	3692
R & B Charge	\$856.25	\$856.25	\$856.25	\$856.25
Total	\$1,276,668.75	\$1,632,868.75	\$251,737.50	\$3,161,275.00

FY' 2012 Annual Estimated Revenue In-Patient Unit

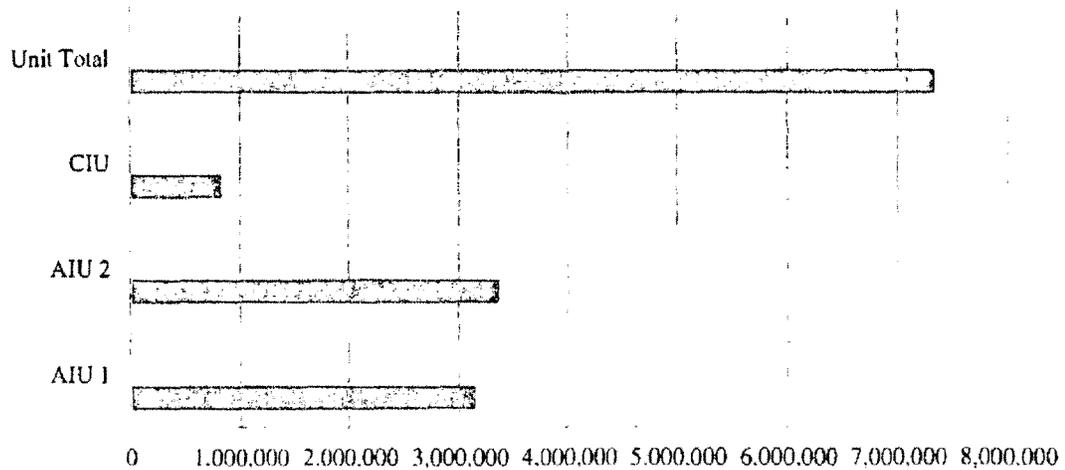


*Updated Through 5/31/2012

AIU UNITS COMBINED AS OF 5/23/2012

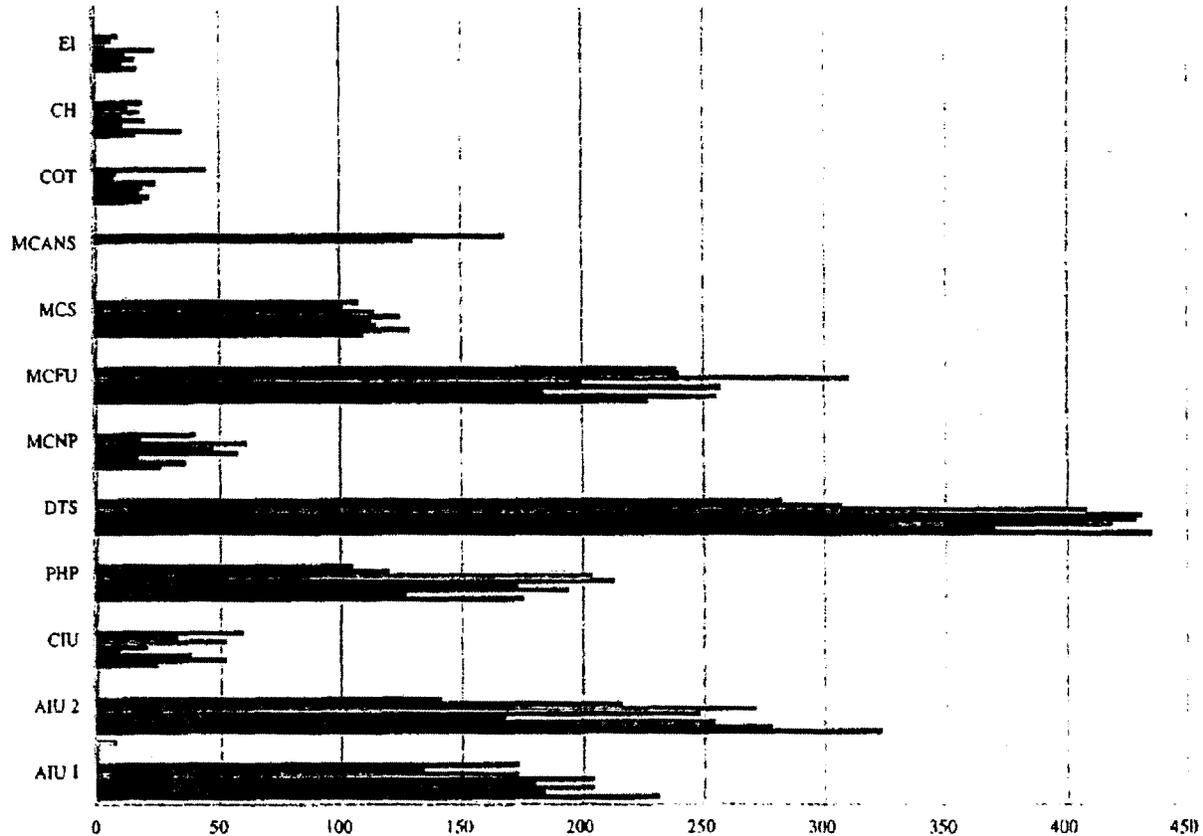
FY' 2011 Annual Estimated Revenue In-Patient Unit				
	AIU 1	AIU 2	CIU	Total
Oct	320	303	81	704
Nov	338	307	96	741
Dec	314	318	77	709
Jan	366	377	145	888
Feb	312	325	109	746
Mar	302	327	178	807
Apr	229	301	114	644
May	305	329	84	718
Jun	284	279	52	615
Jul	315	348	18	681
Aug	272	372	10	654
Sep	311	340	3	654
Total In-Patient Days	3668	3926	967	8561
R & B Charge	\$856.25	\$856.25	\$856.25	\$856.25
Total	\$3,140,725.00	\$3,361,637.50	\$827,993.75	\$7,330,356.25

FY' 2011 Annual Estimated Revenue In-Patient Unit



	AIU 1	AIU 2	CIU	Unit Total
■ Total In-Patient Days	3668	3926	967	8561
■ R & B Charge	\$856.25	\$856.25	\$856.25	\$856.25
■ Total	\$3,140,725.00	\$3,361,637.50	\$827,993.75	\$7,330,356.25

NURSING SERVICES DIVISION MONTHLY REPORT FY 2012



Series 13	AIU 1	AIU 2	CIU	PHP	DTS	MCNP	MCFU	MCS	MCANS	COT	CH	EI
Oct	232	324	25	176	436	27	228	111		20	17	18
Nov	185	279	53	128	371	37	256	130		23	36	12
Dec	205	255	39	195	420	18	185	116		19	12	17
Jan	181	169	10	174	430	58	258	114		20	21	13
Feb	205	249	21	214	432	48	200	126		25	12	25
Mar	174	272	53	205	409	62	311	115		8	19	5
Apr	135	217	33	121	308	19	241	102	131	9	14	7
May	174	142	60	106	283	41	240	109	169	46	20	10
Jun	0	0	0	0	0	0	0	0		0	0	0
Jul	0	0	0	0	0	0	0	0		0	0	0
Aug	0	0	0	0	0	0	0	0		0	0	0
Sep	7.5	0	0	0	0	0	0	0		0	0	0

AIU 1 = Adult In-Patient Unit 1
 AIU 2 = Adult In-Patient Unit 2
 CIU = Childrens In-Patient Unit
 PHP = Partial Hospitalization Program
 DTS = Day Treatment Program
 MCNP = Medication Clinic New Patient

MCFU = Medication Clinic Follow-Up
 MCS = Medication Clinic Shows
 MCANS = Medication Clinic Appt. No Show
 COT = Community Outreach Psychiatric Nurse / Team
 CH = Crisis Hotline
 EI = Emergency Intake



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**

Dipattamanton Sa'ut Hinasso
Yan Abuson Amot



PROPOSED FEE SCHEDULE

PHASE I

APRIL 26, 2012

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROPOSED FEE SCHEDULE - PHASE I

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EXECUTIVE SUMMARY

The Department of Mental Health & Substance Abuse through "Caring Communities" provides an array of mental health care and substance abuse services for the island of Guam. These services include, but are not limited to comprehensive inpatient and community-based outpatient mental health, alcohol and drug treatment programs. It is within our vision to transform from being a major service provider to community-based, consumer and family driven continuum of services and support. Major priorities include addressing requirements of the Permanent Injunction, improving the quality of care and sustainability DMHSA operations that will retain qualified and professional staff, maintain contractual obligations and outsource programs that are ready for the community.

In July 2001, the U.S. District Court of Guam found that the Governor of Guam and the Directors of the Departments of Integrated Services for Individuals with Disabilities (DISID) and Mental Health and Substance Abuse (DMHSA) violated the American's Disabilities Act (ADA) and the Rehabilitation Act by not placing qualified persons with mental and physical disabilities in the least restrictive settings. The U.S. District Court subsequently mandated a myriad of requirements to address the Permanent Injunction, and in March 2010, appointed the Federal Management Team. The FMT's Plan of Action included the establishments of the Fee Schedule. Public Law 28-68, Section 21, mandated DMHSA to establish Mental Health Fees that would generate revenues to address the Permanent Injunction, as well as to supplement its annual budget allocation. Therefore as mandated by law, submitted herewith is the 2012 Fee Schedule to be effective September 1, 2012. This fee schedule lists the major services as coded and written in the American Medical Association, Current Procedural Terminology – code book of 2011.

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROPOSED FEE SCHEDULE - PHASE I

ACKNOWLEDGEMENTS

AUTHORIZATION: 10 GCA, CHAPTER 86, §86108.5.b/c/d, PUBLIC LAW 28-68

Department of Mental Health and Substance Abuse staff who contributed to the development of the proposed fee schedule:

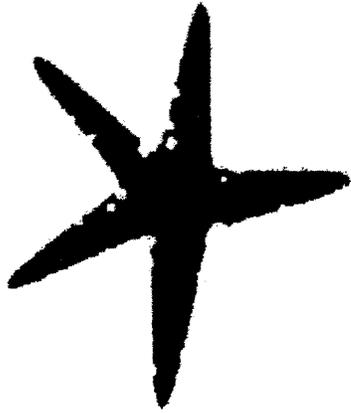
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Daisy Cruz	Psychiatric Nursing Administrator
Jeannette S. Tanos	Psychiatric Nurse III
Richard M. Richards	Program Coordinator I
Reina Sanchez	Social Worker Supervisor
Nadine Cepeda-Santos	Psychiatric Social Worker Supervisor
Annie Unpingco	Psychiatric Social Services Administrator
Clarice B. Muna	Administrative Assistant
Debbie Paulino	Administrative Assistant
Joe Grecia	MIS - Special Projects Coordinator
Don Sabang	Substance Abuse Program Manager
Maressa Aguon	Healing Hearts Program Manager
Wilfred G. Aflague	Director, DMHSA
James Kiffer, Ph.D.	Federal Management Team
Priscilla Richards	FMT Consultant

Guam Memorial Hospital Authority Staff:

Rey Vega	GMHA Administrator
Steve Baacke	Risk Management
Frumen Patacil	Risk Management
Patty Camacho	Medicare Specialist

Medicare Carrier for the Pacific Islands - Palmetto
Medicare Fee Schedule - Copy of J1 Supplemental Fee Schedule JAN2012
American Medical Association Current Procedural Terminology Codes
Healthcare Common Procedure Coding System - Billing Codes

NOTE: As Medicare/Medicaid fees are changed, the DMHSA corresponding fees will be adjusted accordingly.



**PROPOSED FEE SCHEDULE
FOR SERVICES
PHASE I**

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

PROPOSED FEE SCHEDULE - PHASE I

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
Psychiatric diagnostic or evaluative interview procedures				
Psychiatric diagnostic interview examination includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circumstances other informants will be seen in lieu of patient.				
90801	Psychiatric diagnostic interview exam; Drug and alcohol comprehensive assessment (use of Addiction Severity Index - ASI).	\$175.55	\$191.51	\$195.00
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication.	\$191.46	\$208.86	\$215.00
Psychiatric therapeutic procedures - outpatient				
Psychotherapy is the treatment for mental illness and behavioral disturbances in which the clinician establishes a professional contract with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development.				
90804	Individual psychotherapy: 20 - 30 minutes; Drug and alcohol services, individual counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor.	\$70.55	\$83.38	\$89.80
90805	Individual psychotherapy: 20 - 30 minutes with medical evaluation and management services.			\$111.00

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90806	Individual psychotherapy: 45 - 50 minutes; Drug and alcohol services, individual counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor; Drug and alcohol services, individual counseling for children under 17 years of age.	\$92.21	\$108.98	\$117.36
90807	Individual psychotherapy: 45 - 50 minutes with medical evaluation and management services.			\$144.02
90808	Individual psychotherapy: 75 - 80 minutes.	\$134.30	\$158.72	\$170.93
90809	Individual psychotherapy: 75 - 80 minutes with medical evaluation and management services.			\$199.57
Interactive psychotherapy				
Interactive psychotherapy is typically furnished to children. It involves the use of physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the clinician and a patient who has not yet developed, or has lost either the expressive language communication skills to explain his/her symptoms and response to treatment, or the receptive communication skills to understand the clinician if he/she were to use ordinary adult language for communication.				
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 20 - 30 minutes face-to-face with the patient.	\$71.91	\$84.98	\$91.52
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 20 - 30 minutes face-to-face with the patient with medical evaluation and management services.			\$119.60

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 45 - 50 minutes face-to-face with patient.	\$101.52	\$119.98	\$129.21
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communications, in an office or outpatient facility, approx 45 - 50 minutes face-to face with patient with medical evaluation and management services.			\$156.95
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communications, in an office or outpatient facility, approx 75 - 80 minutes face-to-face with patient.	\$144.74	\$171.05	\$184.21
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approx 75 - 80 minutes face-to-face with patient with medical evaluation and management services.			\$214.28
Inpatient hospital, partial hospital or behavior modifying residential care facility				
Hospital care by the attending licensed professional in treating a psychiatric inpatient or partial hospitalization may be initial or subsequent in nature and may include exchanges with nursing personnel. Hospital care services involve a variety of responsibilities unique to the medical management of inpatients, such as a physician hospital orders, interpretation of laboratory or other medical diagnostic studies and observation.				
90816	Individual Inpatient Psychotherapy: 20 - 30 minutes.	\$58.22	\$68.81	\$74.10
90817	Individual Inpatient Psychotherapy: 20 - 30 minutes with medical evaluation and management services.			\$89.75
90818	Individual Inpatient Psychotherapy: 45 - 50 minutes.	\$85.56	\$101.12	\$108.89

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90819	Individual Inpatient Psychotherapy: 45 - 50 minutes with medical evaluation and management services.			\$127.85
90821	Individual Inpatient Psychotherapy: 75 - 80 minutes.	\$126.29	\$149.25	\$160.73
90822	Individual Inpatient Psychotherapy: 75 - 80 minutes with medical evaluation and management services.			\$182.79
Interactive psychotherapy, inpatient				
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 20 - 30 minutes face-to-face with the patient.	\$64.50	\$76.23	\$82.10
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 20 - 30 minutes face-to face with the patient with medical evaluation and management services.			\$96.77
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 45 - 50 minutes face-to-face with the patient.	\$90.92	\$107.45	\$115.71
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 45 - 50 minutes face-to face with the patient with medical evaluation and management services.			\$133.10

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 75 - 80 minutes face-to-face with the patient.	\$130.42	\$154.13	\$165.99
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approx 75 - 80 minutes face-to face with the patient with medical evaluation and management services.			\$189.13
Other psychotherapy				
90845	Psychoanalysis.	\$87.44	\$103.34	\$111.29
90846	Family therapy (without patient present).	\$92.39	\$109.19	\$117.59
90847	Family therapy (with patient present).	\$115.52	\$136.53	\$147.03
90849	Multiple-family group psychotherapy.	\$43.89	\$43.89	\$43.89
90853	Group psychotherapy (other than of a multiple-family group); Drug and alcohol services, group counseling by a certified (International Certification and Reciprocity Consortium or National Association for Alcoholism and Drug Abuse Counselors) substance abuse treatment counselor; Drug and alcohol services, group counseling for children under 17 years of age.	\$42.35	\$42.35	\$42.35
90857	Interactive group psychotherapy.	\$49.23	\$49.23	\$49.23
Other psychiatric services or procedures				
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.		\$80.55	\$86.74

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approx 20 - 30 minutes.		\$75.83	\$81.67
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); approx 45 - 50 minutes.		\$86.67	\$93.34
90880	Hypnotherapy .		\$128.49	\$138.38
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes.		\$130.00	\$140.00
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other persons, or advising them how to assist patient.			\$140.00
90889	Preparation of reports of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers.		\$119.17	\$119.17
Health & behavior assessment/intervention				
96101	Psychological testing, interpretation, and reporting.		\$108.47	
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., Minnesota Multi Phasic Inventory and Weschler Adult Intelligence Scale), with qualified health care professional interpretation and report, administered by tech, per hour of tech time.		\$107.30	

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. Minnesota Multi Phasic Inventory), administered by a computer, with qualified health care professional interpretation and report.		\$90.90	
96105	Assessment of aphasia includes test admin, interpretation and report, per hour.		\$139.95	
96110	Developmental testing limited with interpretation and report, e.g., autistic spectrum disorders.		\$130.00	
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report.		\$165.45	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results.		\$119.11	\$119.11
96118	Neuropsychological testing (e.g. Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results.		\$125.32	

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96119	Neuropsychological testing (e.g. Haistead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by tech, per hour of tech time, face-to-face.		\$100.22	
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.		\$128.69	
96125	Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering test to the patient and time interpreting these test results.		\$135.60	
96150	Health and behavioral assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment.	\$22.87	\$27.03	\$27.03
96151	Health and behavioral assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment.	\$22.12	\$26.14	\$26.14
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual.	\$20.94	\$24.75	\$24.75
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients).	\$4.87	\$5.76	\$5.76
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present).	\$20.57	\$24.31	\$24.31

Code	Description	Licensed Professionals		
		Master's	Psychologist	Psychiatrist
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present).	\$20.57	\$24.31	\$24.31
98966	Telephone consult/order/intervention, brief (less than 15 minutes).	\$15.00	\$17.73	\$17.73
98967	Telephone consult/order/intervention, limited (15 to 30 minutes).	\$35.00	\$41.37	\$41.37
98968	Telephone consult/order/intervention, intermediate (more than 30 minutes).	\$55.00	\$65.00	\$65.00
99075	Medical testimony.		\$189.58	\$204.16

Code	Description	Rate
80101	Drug and alcohol screening for presence of drug and/or alcohol	\$45.00
Adult and/or children's inpatient unit service, room and board		
62330	Adult inpatient unit per day - This service provide 24-hour acute psychiatric in-patient care for adults with mental disorder(s). Comprehensive psychiatric care includes supervised care provided by an interdisciplinary team, a semi-private room and daily meals. Ancillary services (x-ray, pharmacy and laboratory) are excluded and are charged separately. The room charge is imposed on a daily census conducted at midnight. The admission and discharge occurs only when approved by those persons authorized by law to do so.	\$856.25
62331	Children inpatient unit per day - This service provide 24-hour acute in-patient care for children/adolescents through the age of 17 with mental disorder(s). Comprehensive psychiatric care includes services and supervised care provided by an interdisciplinary team, a semi-private room and daily meals. Ancillary services (x-ray, pharmacy and laboratory) are excluded and are charged separately. The room charge is imposed from a daily census conducted at midnight. the admission and discard occurs only when approved by thus persons authorized by law to do so.	\$856.25
Inpatient/Outpatient		
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$23.10

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE
PROPOSED FEE SCHEDULE - PHASE I

PUBLIC HEARING:
APRIL 26, 2012

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

ANTIPSYCHOTIC DRUGS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ABILIFY (TABLET)	ARIPIRAZOLE	2, 5, 10, 15, 20 MG
2	PROLIXIN (TABLET)	FLUPHENAZINE	2, 5, 10 MG
3	GEODON (CAPSULES)	ZIPRAZIDONE	20, 40, 60, 80 MG
4	HALDOL (TABLET)	HALOPERIDOL	0.5, 1, 2, 5, 10, 20MG
5	INVEGA (TABLET)	PALIPERIDONE	3, 6, 9 MG
6	MOBAN (TABLET)	MOLINDONE	5, 10, 25, 50, 100 MG
7	NAVANE (CAPSULE)	THIOTHIXENE	1, 2, 5, 10, 20 MG
8	RISPERDAL (TABLET)	RISPERIDONE	1, 2, 3, 4 MG
9	SEROQUEL (TABLET)	QUETIAPINE	25, 50, 100, 200, 300, 400 MG
10	THORAZINE (TABLET)	CHLORPROMAZINE	10, 25, 50, 100 MG
11	ZYPREXA (TABLET)	OLANZAPINE	10, 15, 20 MG
12	PROLIXIN Hcl INJECTION	FLUPHENAZINE	2.5 MG/ML
13	PROLIXIN DECANOATE INJECTION	FLUPHENAZINE	25 MG/ML
14	HALDOL DECANOATE INJECTION	HALOPERIDOL DECANOATE	50MG/ML, 100MG/ML
15	HALDOL HCL INJECTION	HALOPERIDOL	5 MG/ML
16	ATIVAN INJECTION	LORAZEPAM INJECTION	2MG/ML
17	BENADRYL INJECTION	DIPHENHYDRAMINE	50MG/ML
18	RISPERDAL POWDER FOR INJECTION	RISPERIDONE	12.5, 25, 37.5, 50 MG
19	INVEGA INJECTION	PALIPERIDONE	39, 78, 117, 156, MG
20	ZYPREXA INJECTION (LONG & SHORT)	OLANZAPINE	10MG, 210 MG/ML, 300MG/ML, 405MG/ML

ANTIDEPRESSANTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	CELEXA (TABLET)	CITALOPRAM	20, 40 MG
2	CYMBALTA (CAPSULE)	DULOXETINE	30, 60 MG
3	EFFEXOR (TABLET)	VENLAFAXINE	37.5, 50, 75, 100 MG
4	EFFEXOR XR (CAPSULE)	VENLAFAXINE XR	75, 150 MG
5	LEXAPRO (TABLET)	ESCITALOPRAM	10, 20 MG
6	PAMELOR (CAPSULE)	NORTRIPTYLINE	25, 50 MG
7	PAXIL (TABLET)	PAROXETINE	10, 20, 40 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

8	PRISTIQ (TABLET)	DESVENLAFAXINE	50, 100 MG
9	PROZAC (CAPSULE)	FLUOXETINE	10 MG
10	REMERON (TABLET)	MIRTAZAPINE	15, 30 MG
11	TOFRANIL (TABLET)	IMIPRAMINE	25, 50 MG
12	WELLBUTRIN (TABLET)	BUPROPION	75, 100, 150 MG
13	WELLBUTRIN SR (TABLET)	BUPROPION SR	100, 150, 200, 300 MG
14	WELLBUTRIN XL (TABLET)	BUPROPION XL	100, 150, 200, 300 MG
15	ZOLOFT (TABLET)	SERTRALINE	25, 50, 100 MG

MOOD STABILIZING AGENTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	DEPAKOTE (TABLET)	DIVALPROEX SODIUM	250, 500 MG
2	DEPAKENE (CAPSULE)	VALPROIC ACID	250, 500 MG
3	ESKALITH (CAPSULE)	LITHIUM CARBONATE	150, 300, 450, 600 MG
4	LAMICTAL (TABLET)	LAMOTRIGINE	25, 50, 100, 150, 200 MG
5	NEURONTIN (CAPSULE)	GABAPENTIN	100, 300, 400, 600, 800 MG
6	TEGRETOL (TABLET)	CARBAMAZEPINE	100, 200 MG
7	TOPAMAX (TABLET)	TOPIRAMATE	15, 25, 50, 100, 200 MG
8	TRILEPTAL (TABLET)	OXCARBAMAZEPINE	150, 300, 600 MG

ANTI-ANXIETY AGENTS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ATIVAN (TABLET)	LORAZEPAM	0.5, 1, 2 MG
2	BUSPAR (TABLET)	BUSPIRONE	5, 7.5, 10, 15, 30 MG
3	KLONOPIN (TABLET)	CLONAZEPAM	0.125, 0.25, 0.5, 1, 2 MG
4	LIBRIUM (CAPSULE)	CHLORDIAZEPOXIDE	5, 10, 25 MG
5	SERAX (CAPSULE)	OXAZEPAM	10, 15, 30 MG
6	XANAX (TABLET)	ALPRAZOLAM	0.25, 0.5, 1.2 MG
7	VALIUM (TABLET)	DIAZEPAM	2, 5, 10 MG
8	AKINETON (TABLET)	BIPERIDEN	2 MG
9	SYMMETREL (CAPSULE)	AMANTADINE	100 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

10	COGENTIN (TABLET)	BENZTROPINE	0.5, 1, 2 MG
11	ARTANE (TABLET)	TRIHEXYPHENIDYL	2, 5 MG
12	CATAPRES (TABLET)	CLONIDINE	0.1, 0.2, 0.3 MG
13	ALPHA-TOCOPHEROL	VITAMIN E	400 IU
14	NICODERM CQ	NICOTINE TRANSDERMAL	5, 7, 10, 14, 15, 21 MG/DAY

ADHD MEDICATIONS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ADDERALL (TABLET)	AMPHETAMINE/DEXTROAMPHETAMINE	5, 7.5, 10, 12.5, 15, 20, 30 MG
2	ADDERALL XR (CAPSULE)	AMPHETAMINE/DEXTROAMPHETAMINE	5, 15, 20, 25, 30 MG
3	CONCERTA (TABLET)	METHYLPHENIDATE	18, 27, 36, 54 MG
4	DEXEDRINE	DEXTROAMPHETAMINE	5, 10, 15 MG
5	FOCALIN	DESMETHYLPHENIDATE	2.5, 5, 10 MG
6	INTUNIV	GUANFACINE	1, 2 MG
7	METADATE	METHYLPHENIDATE	5, 10, 20 MG
8	RITALIN	METHYLPHENIDATE	5, 10, 20 MG
9	RITALIN SR	METHYLPHENIDATE	10, 20, 30, 40, 50, 60 MG
10	STRATERRA	ATOMOXETINE	10, 18, 25, 40, 60, 80, 100 MG
11	VYVANSE	LISDEXAMFETAMINE	20, 30, 40, 50, 60, 70 MG

HYPERACIDITY

	BRAND NAME	GENERIC NAME	STRENGTH
1	PRILOSEC	OMEPRAZOLE	20, 40 MG
2	MYLANTA	ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE	200 MG / 5 ML, 400 MG / 5 ML
3	MAALOX	ALUMINUM HYDROXIDE/MAGNESIUM HYDROXIDE	(540 MG / 40 MG) / 5 ML
4	MILK OF MAGNESIA	MAGNESIUM HYDROXIDE	

PAIN MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	TYLENOL	ACETAMINOPHEN	325, 500 MG
2	MOTRIN	IBUPROFEN	400, 600, 800 MG
3	ECOTRIN	ASPIRIN	81, 325 MG

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

ANTIHYPERTENSIVE

	BRAND NAME	GENERIC NAME	STRENGTH
1	TENORMIN	ATENOLOL	25, 50, 100 MG
2	LOPRESOR	METOPROLOL	25, 50, 100 MG
3	ZESTRIL	LISINAPRIL	2.5, 5, 10, 20, 30, 40 MG
4	COZAAR	LOSARTAN	25, 50, 100 MG
5	DIOVAN	VALSARTAN	40, 80, 160, 320 MG
6	NORVASC	AMLODIPINE	2.5, 5, 10 MG
7	HYDRODIURIL	HYDROCHLOROTHIAZIDE	12.5, 25, 50, 100 MG
8	CAPOTEN	CAPTOPRIL	12.5, 25, 50, 100 MG

ANTIALLERGY

	BRAND NAME	GENERIC NAME	STRENGTH
1	ZYRTEC	CETIRIZINE	5, 10 MG
2	ALLEGRA	FEXOFENADINE	30, 60, 180 MG
3	BENADRYL	DIPHENHYDRAMINE	12.5, 25, 50 MG
4	CLARINEX	DESLOTRADINE	5 MG

COUGH MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	ROBITUSSIN	DEXTROMETHORPHAN	30 MG / ML
2	TYLENOL COLD & COUGH		
3	SUDAPED	PSEUDOEPHEDRINE	15, 30, 60, 120 MG

DIABETIC MEDS

	BRAND NAME	GENERIC NAME	STRENGTH
1	GLUCOTROL	GLIPIZIDE	5, 10 MG
2	GLUCOPHAGE	METFORMIN	500, 850, 1000 MG
3	PRECOSE	ACARBOSE	25, 50, 100 MG
4	ACTOS	PIOGLITAZONE	15, 30, 45 MG
5	JANUVIA	SITAGLIPTIN	25, 50, 100 MG
6	HUMULIN R	REGULAR INSULIN	

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
 FEE SCHEDULE FOR MEDICATION - PHASE I
 FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

7	HUMULIN 70 / 30		
8	GLUCOSE METER		

INFECTIONS

	BRAND NAME	GENERIC NAME	STRENGTH
1	CIPRO (TABLET)	CIPROFLOXACIN	250, 500, 750 MG
2	BACTRIM DS (TABLET)	SULFAMETHOXAZOLE & TRIMETHOPRIM	160 MG / 800 MG
3	TRIMOX (CAPSULE)	AMOXICILLIN	250, 500 MG
4	ZITHROMAX (TABLET)	AZITHROMYCIN	250, 500 MG
5	AUGMENTIN (TABLET)	AMOXICILLIN & CLAVULANATE	500, 875 MG

ANTI-ASTHMA

	BRAND NAME	GENERIC NAME	STRENGTH
1	PROAIR HFA	ALBUTEROL INHALER	90 MCG
2	PROVENTIL NEBULES	ALBUTEROL NEBULES	0.08%
3	ADVAIR DISKUS	SALMETROL / FLUTICASONE	50 MCG / 100 MCG, 50 MCG / 25 OMG, 500 MCG / 500 MG (ACTUATION)
4	NEBULIZER		

ANTI-OPIOID DEPENDENCY

1	VIVITROL	NALTREXONE	380 MG
2	SUBOXENE	BUPRENORPHINE/NALOXONE	16/4 MG

MISCELLANEOUS

BACITRACIN OINTMENT

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE
FEE SCHEDULE FOR MEDICATION - PHASE I
FY2012

DMHSA PHARMACY FORMULARY MEDICATION FEES ARE PROPOSED AT COST +200%

NITROGLYCERIN SUBLINGUAL (NITROSTAT) - 0.3, 0.4, 0.6 MG
HYDROGEN PEROXIDE 10%
NEOSPORIN OINTMENT
CALAMIN LOTION (CALADRYL)
DISPHENHYDRAMIN CREAM (BENADRYL)



GUAM CODE ANNOTATED

TITLE 10

CHAPTER 86

**10 GCA HEALTH AND SAFETY
CH. 86 DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE**

**CHAPTER 86
DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE**

- § 86101. Policy.
- § 86102. Definitions.
- § 86103. Creation of Department.
- § 86104. Effective Date of Transfer.
- § 86105. Powers and Duties.
- § 86106. Auxiliary Fund.
- § 86107. Council on Mental Health and Substance Abuse.
- § 86108. Duties of Council.
- § 86109. Guam Drug and Alcohol Detoxification, Rehabilitation, and Prevention Grant Program.
- § 86110. Expiration of Act.

§ 86101. Policy.

It is hereby declared to be the public policy of the territory of Guam, to provide comprehensive inpatient and community-based outpatient mental health, alcohol and drug programs and services for the people of Guam, and to continually strive to improve, enhance, and promote the physical and mental well-being of the people of Guam who experience the life-disrupting effects of mental illness, alcoholism and drug abuse or are at risk to suffer those effects and who need such assistance and; to provide such assistance in an efficient and effective manner in order to minimize community disruption and strengthen the quality of personal, family and community life.

It shall be the public policy of the government of Guam to encourage the development of privately-funded community based programs for mental health, drug and alcohol abuse, in particular those programs that employ qualified local residents. As those services become developed and/or available in the Territory, the government of Guam may gradually phase out of such operations.

SOURCE: 10 GCA §85101; Added by P.L. 17-21.

§ 86102. Definitions.

For purposes of this Chapter, the following definitions shall apply unless otherwise specifically provided.

(a) DEPARTMENT. *Department* means the Department of Mental Health and Substance Abuse.

**10 GCA HEALTH AND SAFETY
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enabling them to help themselves, moving them from dependency toward personal autonomy in ways that are acceptable to them.

(j) PROVIDER. *Provider* means a professional employed in the field of mental health, drugs and alcohol.

SOURCE: 10 GCA §85102; Added by P.L. 17-21.

§ 86103. Creation of Department.

There is within the government of Guam a Department of Mental Health and Substance Abuse. The Council, by an affirmative vote of four (4) members, shall select and, with the approval of the Governor, appoint the Director of the Department of Mental Health and Substance Abuse, with the advice and consent of the Legislature. The Director shall be responsible for the day-to-day operations of the Department. The Director's salary shall be as provided by 4 GCA §6206.

SOURCE: 10 GCA §85103; Added by P.L. 17-21.

§ 86104. Effective Date of Transfer.

(a) Effective October 1, 1983, all working capital, accounts payable and receivable, all books, records, obligations, assets, liabilities, agreements and privileges pertaining to the operations of the existing Community Mental Health Center and Mental Health and Substance Abuse Agency shall be transferred to the Department of Mental Health and Substance Abuse.

(b) Upon the transfer of functions, all independent contractors and contract employees of the Mental Health and Substance Abuse Agency and the Community Health Center shall have the option of completing any existing contracts upon which they may be retained. No person who accepts a transfer to the Department shall, during the remainder of the term of his existing contract, which term shall in no event be extended:

(1) be removed from his employment except for cause; or

(2) have his salary or any of his benefits of government employment, if any, reduced except as such salary and benefits that may be reduced uniformly for all government employees.

(c) Upon the transfer of functions, all classified employees of the Mental Health and Substance Abuse Agency and all classified employees except the nurses of the inpatient unit of the Community Mental Health Center of the Guam Memorial Hospital Authority shall be transferred to the Department in the same grade and step as they held at the time of transfer.

10 GCA HEALTH AND SAFETY
CH. 86 DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

(d) promoting alternatives to drug and alcohol use, particularly among the youth; and

(e) education to include dissemination of accurate information, as well as enhancing social competencies.

(3) There is established a Treatment Center within the Department whose head will be a classified employee who will report directly to the office of the Director. The head of the Treatment Center shall have responsibility for the treatment and prevention services outlined in §86105 A (1) and (2) of a qualified mental health professional with clinical experience and at least a master degree in health administration, social work, psychology or related field as determined by the Civil Service Commission.

B.(1) The Department shall apply for, receive and administer federal funds available from the U. S. Department of Health and Human Services, now or in the future for mental health, alcohol and drug abuse treatment and prevention programs. The Department is the exclusive governmental agency with the power and duty to apply for and receive such funds. The Department in applying for mental health, alcohol and/or drug abuse grants from all sources is required to coordinate the development of such grant proposals with the Guam Health Planning and Development Agency to insure programs and services secured through such grant applications are in harmony with the plans developed by the Department. This shall not preclude nor prevent private sectors providers from applying for federal funds for which they are eligible.

(2) The Department shall develop and administer written policies and procedures to ensure that the mental health, alcohol and drug abuse programs that receive federal funds comply with those parts of federal law particularly applicable to mental health, alcohol and drug abuse programs.

(3) The Department shall develop and adopt written policies, procedures, and regulations to ensure that the administration of federally-funded mental health, alcohol and drug abuse programs complies with standards set by the territory of Guam as a condition to the receipt of federal funds.

(4) The Department, pursuant to the Administrative Adjudication Act, shall develop procedures and adopt rules in regards to monitoring

**10 GCA HEALTH AND SAFETY
CH. 86 DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE**

SOURCE: 10 GCA §85105; Added by P.L. 17-21.

§ 86106. Auxiliary Fund.

There is established separate and apart from any other government funds, a Department Auxiliary Fund, in which monies and assets from fund raising activities and charitable contributions shall be deposited. The Council shall adopt rules and regulations as to what would constitute authorized expenditures for the patients. The Department's Fiscal Officer shall be custodian of the Fund and shall invest these monies in bank accounts insured by the Federal Deposit Insurance Corporation (FDIC) or the Federal Savings and Loan Insurance Corporation (FSLIC) and may spend the funds as needed, for patient needs or programs in mental health, alcohol and drug abuse, as outlined in the Department's Three-Year Plan. Independent records and accounts shall be maintained in connection therewith. The Director shall be the certifying officer for the fund. An annual audit shall be conducted and a report of the Fund activities shall be submitted to the Governor, the Speaker of the Legislature, the Chairman of the Committee on Health, Welfare and Ecology, and the Chairman of the Committee on Ways and Means within thirty (30) days when the audit is completed.

SOURCE: 10 GCA §85106; Added by P.L. 17-21.

§ 86107. Council on Mental Health and Substance Abuse.

(a) There is within the Department an Advisory Council for Mental Health, Alcohol and Drug programs and services known as the Advisory Council. The Council shall consist of seven (7) members appointed by the Governor and confirmed by the Legislature. The members of the Council shall serve for three (3) years; provided that of the members first appointed, two (2) shall serve for one (1) year, two (2) shall serve for two (2) years and three (3) shall serve for three (3) years.

(b) The Council shall annually elect a Chairperson, Vice-Chairperson and Recorder from among its membership. The Council shall meet at least once a month at such time and place as the Chairperson may designate. Meetings shall be well publicized and shall be open to the public. Executive sessions are permitted only in accordance with the Open Government Law. Four (4) members shall constitute a quorum of the Council for the transaction of business. The concurrence of four (4) members present shall constitute official action of the Council.

SOURCE: 10 GCA §85107; Added by P.L. 17-21, Amended by P.L. 17-25.

10 GCA HEALTH AND SAFETY
CH. 86 DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

mandated by law, the Council will establish monitors to measure the quality and appropriateness of services rendered, and the productivity and financial performance of the Department. The results of this measure shall be submitted to I Liheslaturan Guåhan [The Legislature] concurrently with any fee adjustments.

(d) The Council shall submit to I Liheslaturan Guåhan, for approval, a budget for the use of any funds collected through the implementation of a fee schedule."

SOURCE: 10 GCA §85108; Added by P.L. 17-21. Item (6) added by P.L. 26-170:5 (eff. 6/1/2003).

NOTE: The reason for the addition of Item (6) is to implement the federal program authorized in Sections 1-4 of P.L. 26-170, but uncodified.

§ 86109. Guam Drug and Alcohol Detoxification, Rehabilitation, and Prevention Grant Program.

(a) There is hereby created a Guam Drug and Alcohol Detoxification, Rehabilitation, and Prevention Grant Program within the Department of Mental Health and Substance Abuse for the purpose of providing annual grants to local non-profit organizations providing drug and alcohol detoxification, rehabilitation, and prevention services.

(b) The Grant Program shall be funded annually by appropriation from *I Liheslaturan Guåhan* and administered by the Director of the Department of Mental Health and Substance Abuse beginning in Fiscal Year 2006.

(c) All grants shall be approved by a grant review panel consisting of the Director of the Department of Mental Health and Substance Abuse, the Director of the Department of Public Health and Social Services and the Director of the Bureau of Plans and Statistics.

(d) The Director shall establish criteria that takes into consideration both sexes for the grant reviews of local non-profit organizations providing drug and alcohol detoxification, rehabilitation, and prevention services by October 1, 2005.

(e) The proportionate distribution of grant funds shall be a consideration in awarding grants to local non-profit drug and alcohol detoxification, rehabilitation, and prevention organizations servicing adult male, adult female and adolescent patients.

(f) The Department of Mental Health and Substance Abuse, *no later than May 1st* of each year, shall provide to *I Maga'lahaen Guåhan* and *I*

claims is \$200 billion in lost potential revenues.

GFT yesterday posted an update on its website, saying since 1994, every time a legislation proposing an increase in minimum wages is introduced, lobbyists such as the Guam Hotel and Restaurant Association, the Guam Chamber of Commerce and the Employers Council get their legislative representatives to "kill" or delay it.

The update also states that certain lawmakers passed an anti-union "Right to Work (for less)" bill which has essentially kept wages low by making it extremely difficult for unions to organize the private sector.

with inflation rates, GFT said the funding could fund the government of Guam "for almost 400 years."

"It could have bought 100 million homes, doubled our public-school budget, made everyone's health care completely free and so much more," the website further states.

In May 2000, then-Gov. Carl Gutierrez vetoed a Right to Work legislation, but the bill was overridden by the Republican majority and subsequently passed into law.

The bill made it unlawful for an employer to require an employee to become a union member as a condition of employment.



GUAM ELECTION COMMISSION Kumision Eleksion Guahan

414 W. Soledad Ave., GOC Bldg., Suite 200 Hagåtña, Guam 96910
Tel: (671) 477-9791 • Fax: (671) 477-1895
E-Mail: vote@gec.guam.gov Website: www.gec.guam.gov



GUAM ELECTION COMMISSION MEETING

The Guam Election Commission has scheduled its monthly meeting for Wednesday, April 25, 2012, at 4:00 pm, at the Guam Election Commission Conference room 202, 414 W. Soledad Ave., GOC Building, Hagåtña, Guam.

The public is invited. For individuals requiring special accommodations, auxiliary aids or services please contact the Guam Election Commission. For more information, you may call Helen M. Atalig at (671) 477-9791 or send an email to vote@gec.guam.gov.

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department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**

NOTICE OF PUBLIC HEARING

For Department of Mental Health and Substance Abuse Proposed Fee Schedule For Services

The Department of Mental Health and Substance Abuse (DMHSA) will host a public hearing to solicit public and consumer input.

The public hearing will be on April 26, 2012 from 5:00 p.m. to 7:00 p.m. in room 209, 2nd floor, DMHSA main building. Copies of the proposed Fee Schedule are available for viewing at the Director's Office, 1st floor, and may also be downloaded on DMHSA website: <http://dmhsa.guam.gov>. Your comments and participation will be greatly appreciated.

Individuals requiring special accommodations or services may contact the Director's Office at 647-5448/5330.

/s/ WILFRED G. AFLAGUE
Director, DMHSA

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/s/ WILFRED G. AFLAGUE
Director, DMHSA

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a sixth quarter after data on Friday revealed the weakest three months of annual growth in three years and a run rate below the official 7.5 percent 2012 target.

Shifting the yuan trading rules is about the strongest signal Beijing could give that growth downside has diminished and potential pitfalls are manageable. Few reforms are as replete with risk as tinkering with the currency because faith in its soundness directly correlates to

calm concerns about the health of the global economy after asset markets worldwide were rattled on Friday by a combination of below-par Chinese growth data and renewed fears of contagion risks in the debt-plagued euro zone.

Timing, politics and diplomacy are all in focus after Saturday's milestone step towards turning the yuan into a global currency that doubled the size of its trading band against the dollar to 1 percent.

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Yan Abuson Ania

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Fax: 671-647-5402

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

April 20, 2012

Francis Santos, General Manager
Staywell Insurance
430 West Soledad Avenue
Hagatna, Guam 96910

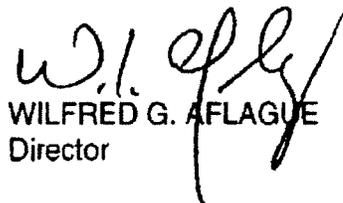
Hafa Adai Mr. Santos,

You are cordially invited to attend the Department of Mental Health and Substance Abuse's public hearing for our Proposed Fee Schedule - Phase I. The public hearing event details are as follows:

Date: April 26, 2012
Time: 5:00 to 7:00 p.m.
Location: Department of Mental Health and Substance Abuse
790 Governor Carlos Camacho Road
2nd Floor, Room 209
Tamuning, Guam

A copy of the proposed fee schedule is available for viewing on the Department of Mental Health and Substance Abuse's website @ www.dmhsa.guam.gov or may be picked up in the Director's Office.

Your attendance would be most welcomed. Please RSVP with Ms. Clarice Muna, Administrative Assistant, or Ms. Priscilla Richards at 647-1901/2.


WILFRED G. AFLAGUE
Director



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**
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EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

April 20, 2012

Mathew Eclavea
Senior Supervisor of Provider and Network Relations
Takecare Insurance Company
P.O. Box 6578
Tamuning, Guam 96931

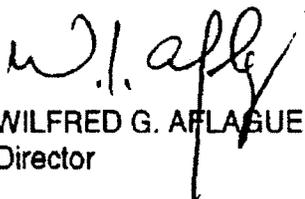
Hafa Adai Mr. Eclavea,

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WILFRED G. AFLAGUE
Director



department of
**MENTAL HEALTH &
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EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

April 20, 2012

Frank Campillo, Plan Administrator
Calvo's Insurance Company
Calvo's Selectcare
P.O. Box FJ
Hagatna, Guam 96932

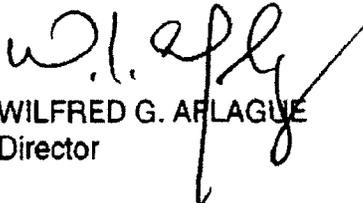
Hafa Adai Mr. Campillo,

You are cordially invited to attend the Department of Mental Health and Substance Abuse's public hearing for our Proposed Fee Schedule - Phase I. The public hearing event details are as follows:

Date: April 26, 2012
Time: 5:00 to 7:00 p.m.
Location: Department of Mental Health and Substance Abuse
790 Governor Carlos Camacho Road
2nd Floor, Room 209
Tamuning, Guam

A copy of the proposed fee schedule is available for viewing on the Department of Mental Health and Substance Abuse's website @ www.dmhsa.guam.gov or may be picked up in the Director's Office.

Your attendance would be most welcomed. Please RSVP with Ms. Clarice Muna, Administrative Assistant, or Ms. Priscilla Richards at 647-1901/2.


WILFRED G. AFLAGUE
Director



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**
Dipartimento Sañu Hinasso
Yan Abuson Anot

790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96913
Phone: 671-647-5448/5330
Fax: 671-647-5402

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

April 20, 2012

Raymond Schnabel, Operations Manager
Calvo's Insurance Company
Calvo's Selectcare
P.O. Box FJ
Hagatna, Guam 96932

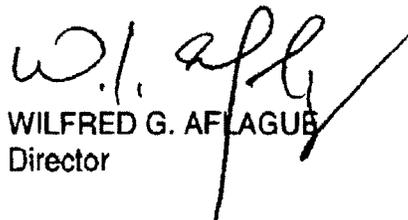
Hafa Adai Mr. Schnabel,

You are cordially invited to attend the Department of Mental Health and Substance Abuse's public hearing for our Proposed Fee Schedule - Phase I. The public hearing event details are as follows:

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2nd Floor, Room 209
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WILFRED G. AFLAGUE
Director



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**

Dipòtomanton Sa'ut Hinasso
Yan Abuson Anel

790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96913
Phone: 671-647-5448; 5330
Fax: 671-647-5402

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

April 20, 2012

Brihnia Habin, Provider Relations Officer
Moylan's Insurance Underwriters
Netcare Life and Health
424 West O'Brien Drive, Suite 200
Hagatna, Guam 96910

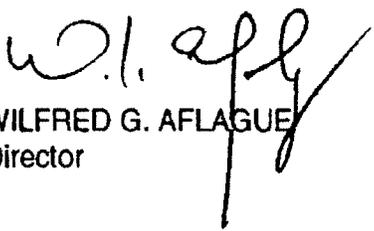
Hafa Adai Ms. Habin,

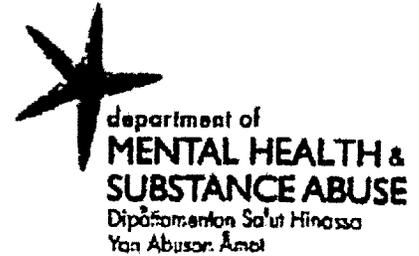
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WILFRED G. AFLAGUE
Director



April 20, 2012

Arthur San Agustin, Senior Citizen Administrator
Department of Public Health and Social Services
Division of Senior Citizens
Guam Medicare Assistance Program
130 University Drive, Suite 8
University Castle Mall
Mangilao, Guam 96913

790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96913
Phone: 671-647-5448/5330
Fax: 671-647-5402

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

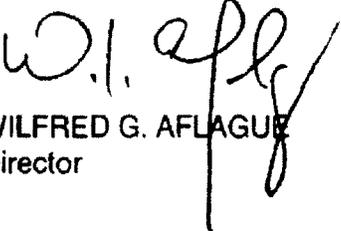
Hafa Adai Mr. San Agustin,

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WILFRED G. AFLAGUE
Director



790 Gov. Carlos G. Camacho Rd.
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Phone: 671-647-5448/5330
Fax: 671-647-5402

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

April 20, 2012

Ma. Theresa Archangel
Bureau of Health Care Financing Administrator
Department of Public Health and Social Services
Bureau of Health Care Financing
Medicaid Program
123 Chalan Kareta
Mangilao, Guam 96913-6304

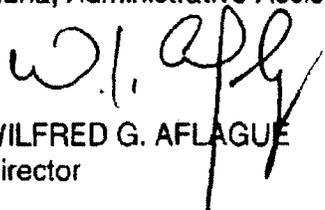
Hafa Adai Ms. Archangel,

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WILFRED G. AFLAGUE
Director



April 20, 2012

David Larson, Legal Administrator Specialist
U.S. Department of Veterans Affairs
Guam Benefit Office
Reflection Center
222 Chalan Santo Papa, Suite 202
Hagatna, Guam 96910

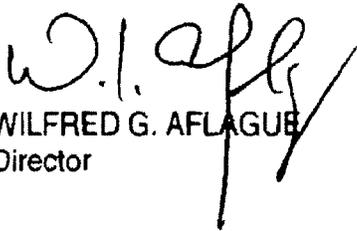
Hafa Adai Mr. Larson,

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WILFRED G. AFLAGUE
Director



department of
**MENTAL HEALTH &
SUBSTANCE ABUSE**
Dipartimento Sañu Hinasso
Yan Abusan Anol

790 Gov. Carlos G. Camacho Rd.
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Phone: 671-647-5448/5330
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EDDIE BAZA CALVO
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RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

April 20, 2012

Tina San Agustin, Legal Administrator Specialist
U.S. Department of Veterans Affairs
Guam Benefit Office
Reflection Center
222 Chalan Santo Papa, Suite 202
Hagatna, Guam 96910

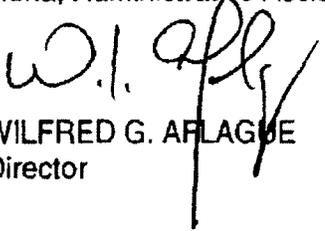
Hafa Adai Ms. San Agustin,

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Your attendance would be most welcomed. Please RSVP with Ms. Clarice Muna, Administrative Assistant, or Ms. Priscilla Richards at 647-1901/2.


WILFRED G. AFLAGUE
Director



April 20, 2012

Jocelyn Cruz, Beneficiary Service Representative
Tricare
36 MDSS/SGST Unit 14010
APO AP 96543-4010

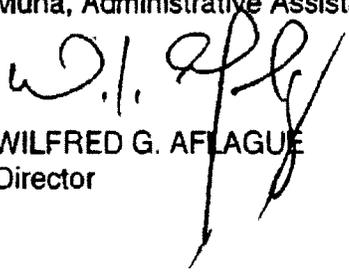
Hafa Adai Ms. Cruz,

You are cordially invited to attend the Department of Mental Health and Substance Abuse's public hearing for our Proposed Fee Schedule - Phase I. The public hearing event details are as follows:

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WILFRED G. AFLAGUE
Director

790 Gov. Carlos G. Camacho Rd.
Tamuning, Guam 96913
Phone: 671-647-5448/5330
Fax: 671-647-5402

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

WILFRED G. AFLAGUE
Director

DMHSA FEE SCHEDULE PUBLIC HEARING

SIGN-IN SHEET

Thursday, April 26, 2012

	NAME (Please Print)	Agency/Entity	Contact Nos.	Email address
1	B. J. Cruz	Gov. Legislature	477-2521	6026023201@bcruz.com
2	MARCELA AGUON	DMHSA - HHCC	647-5423	maria.teresa.aguon@maria.teresa.aguon.com
3	Madeline Cepeda	DMHSA-AC	647-5325	
4	MIKE TORRE		646-8254	
5	PRISCILLA RICHARDS	FMT		
6	David Johnson	DMHSA	647-5319	David.Johnson@dmhsa
7	RICHARD M. RICHARDS	DMHSA	647-5458	
8	Bri Holm	NetLive	472-3610	
9	Lou Perez	DMHSA	727-1000	
10	Lyndsey Miller	DMHSA	647-5328	lyndsey.miller@dmhsa
11	Brian San Nicolas	Gov's. Office	475-3221	brian.sannicolas@gov.com
12	Annie Unpingco	IFAM/CASO/DMHSA	477-5349	
13	SWAN WILSON	V6 Cruz	477-2521	Swan.Wilson@v6cruz.com
	ARIEL ISMAEL	DMHSA	486-6007	dochello@yahoo.com



COMMITTEE ON RULES

I Mina'trentai Unu na Libeslaturan Guåhan • The 31st Guam Legislature
155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com
E-mail: roryforguam@gmail.com • Tel: (671)472-7679 • Fax: (671)472-3547

Senator
Rory J. Respicio
CHAIRPERSON
MAJORITY LEADER

October 1, 2012

Memorandum

Senator
Judith P. Guthertz
VICE CHAIRPERSON
ASST. MAJORITY LEADER

To: Pat C. Santos
Clerk of the Legislature

MAJORITY MEMBERS:

From: Senator Rory J. Respicio
Majority Leader & Rules Chair

Speaker
Judith T. Won Pat

Subject: Fiscal Notes

Vice Speaker
Benjamin J. F. Cruz

Hafa Adai!

Senator
Tina Rose Muña Barnes
LEGISLATIVE SECRETARY
MAJORITY WHIP

Attached please find the fiscal notes for the bill numbers listed below. Please note that the fiscal notes, or waivers, are issued on the bills as introduced.

Senator
Dennis G. Rodriguez, Jr.
ASST. MAJORITY WHIP

Bill No.: 506-31 (COR) 510-31 (COR)
508-31 (COR)

Senator
Thomas C. Ada

Senator
Adolpho B. Palacios, Sr.

Please forward the same to MIS for posting on our website. Please contact our office should you have any questions regarding this matter.

Senator
vicente c. pangelinan

MINORITY MEMBERS:

Si Yu'os ma'åse'!

Senator
Aline A. Yamashita
ASST. MINORITY LEADER

Senator
Christopher M. Duenas

2012 OCT -3 AM 8:37

**BUREAU OF BUDGET & MANAGEMENT RESEARCH**OFFICE OF THE GOVERNOR
Post Office Box 2950, Hagåtña Guam 96932EDDIE BAZA CALVO
GOVERNORJOHN A. RIOS
DIRECTORRAY TENORIO
LIEUTENANT GOVERNORSTEPHEN J. GUERRERO
DEPUTY DIRECTOR

SEP 28 2012

Senator Rory J. Respicio
Chairperson, Committee on Rules
I Mina'trentai Unu na Liheslaturan Guåhan
The 31st Guam Legislature
155 Hesler Place
Hagåtña, Guam 96932

Hafa Adai Senator Respicio:

Transmitted herewith is Fiscal Note on the following Bill Nos.: **506-31(COR), 508-31(COR), and 510-31(COR).**

If you have any question(s), please do not hesitate to call the office at 475-9412/9106.

A handwritten signature in black ink, appearing to read "J. Rios".

JOHN A. RIOS
Director

Enclosures

cc: Senator Vicente (ben) Pangelinan

**Bureau of Budget & Management Research
Fiscal Note of Bill No. 506-31 (COR)**

AN ACT TO ADOPT THE PROPOSED FEE SCHEDULE FOR THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE, ATTACHED AS EXHIBIT A.

Department/Agency Appropriation Information	
Dept./Agency Affected: Department of Mental Health and Substance Abuse	Dept./Agency Head: Wilfred C. Aflague, Director
Department's General Fund (GF) appropriation(s) to date:	15,235,867
Department's Other Fund (Healthy Futures Fund) appropriation(s) to date:	2,668,905
Total Department/Agency Appropriation(s) to date:	\$17,904,772

Fund Source Information of Proposed Appropriation			
	General Fund:	(Specify Special Fund):	Total:
FY 2011 Unreserved Fund Balance		\$0	\$0
FY 2012 Adopted Revenues	\$0	\$0	\$0
FY 2012 Appro. (P.L. 31-75 & 31-77)	\$0	\$0	\$0
Sub-total:	\$0	\$0	\$0
Less appropriation in Bill	\$0	\$0	\$0
Total:	\$0	\$0	\$0

Estimated Fiscal Impact of Bill						
	One Full Fiscal Year	For Remainder of FY 2012 (if applicable)	FY 2013	FY 2014	FY 2015	FY 2016
General Fund	\$0	\$0	\$0	\$0	\$0	\$0
(Mental Health & Substance Abuse Services Fund)	1/	\$0	\$0	\$0	\$0	\$0
Total	1/	\$0	\$0	\$0	\$0	\$0

- Does the bill contain "revenue generating" provisions? /x/ Yes // No
If Yes, see attachment
- Is amount appropriated adequate to fund the intent of the appropriation? /x/ N/A // Yes // No
If no, what is the additional amount required? \$ _____ // N/A
- Does the Bill establish a new program/agency? // Yes /x/ No
If yes, will the program duplicate existing programs/agencies? // N/A // Yes // No
Is there a federal mandate to establish the program/agency? // Yes /x/ No
- Will the enactment of this Bill require new physical facilities? // Yes /x/ No
- Was Fiscal Note coordinated with the affected dept/agency? If no, indicate reason: /x/ Yes // No
// Requested agency comments not received by due date // Other:

9/21/12

Analyst: Nancy L. Mesa Date: 9/21/12 Director: John A. Rios, Director Date: SEP-28-2012

Footnotes:
1/ The Department of Mental Health and Substance Abuse (DMHSA) estimates that the proposed fee schedule will raise approximately \$9-12 million per year in revenues. Upon enactment of Bill No. 506-31, where majority of the fees are based on Medicare and Medicaid rates, the DMHSA will bill private health insurers, Medicare, Medicaid, TriCare, the Medically Indigent Program and self-insured persons. Since this will be DMHSA's first opportunity to charge for its services, and revenue generated is dependent on utilization of services, the Bureau is unable to confirm at this time, how much of the estimated revenues of \$9-12 million would be realized.



COMMITTEE ON RULES

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ASST. MAJORITY WHIP

Senator
Thomas C. Ada

Senator
Adolpho B. Palacios, Sr.

Senator
vicente c. pangelinan

**MINORITY
MEMBERS:**

Senator
Aline A. Yamashita
ASST. MINORITY LEADER

Senator
Christopher M. Duenas

August 17, 2012

MEMORANDUM

To: Pat Santos
Clerk of the Legislature

Attorney Therese M. Terlaje
Legislative Legal Counsel

From: Senator Rory J. Respicio
Majority Leader & Rules Chair

Subject: Referral of Bill No. 506-31 (COR)

As the Chairperson of the Committee on Rules, I am forwarding my referral of Bill No. 506-31 (COR).

Please ensure that the subject bill is referred, in my name, to the respective committee, as shown on the attachment. I also request that the same be forwarded to all members of *I Mina'trentai Unu na Liheslaturan Guåhan*.

Should you have any questions, please feel free to contact our office at 472-7679.

Si Yu'os Ma'åse!

(1) Attachment

I Mina'Trentai Unu Na Liheslaturan Guahan
Bill Log Sheet

BILL NOS.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	120 DAY DEADLINE	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	STATUS
506-31 (COR)	B. J.F. Cruz	AN ACT TO ADOPT THE PROPOSED FEE SCHEDULE FOR THE DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE, ATTACHED AS EXHIBIT A.	08/16/2012 4:28 a.m.	8/17/2012		Committee on Health & Human Services, Senior Citizens, Economic Development and Election Reform			



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

First Notice of Public Hearing1 message

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Fri, Sep 14, 2012 at 5:08 PM

To: phnotice@guamlegislature.org

Ufisinan Todu Guam
SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Good Evening Senators!

Please see attached notice of public hearing.

Should you have any questions please feel free to contact this office at any time. Thank you and have a great weekend.

Best Regards,
Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatorrodriguez@gmail.com

Website: www.toduguam.com

This e-mail may contain data that is confidential, proprietary or non-public personal information, as that term is defined in the Gramm-Leach-Bliley Act (collectively, Confidential Information). The Confidential Information is disclosed conditioned upon your agreement that you will treat it confidentially and in accordance with applicable law, ensure that such data isn't used or disclosed except for the limited purpose for which it's being provided and will notify and cooperate with us regarding any requested or unauthorized disclosure or use of any Confidential Information. By accepting and reviewing the Confidential information, you agree to indemnify us against any losses or expenses, including attorney's fees that we may incur as a result of any unauthorized use or disclosure of this data due to your acts or omissions. If a party other than the intended recipient receives this e-mail, he or she is requested to instantly notify us of the erroneous delivery and return to us all data so delivered.

 **Senators 1st Notice Public Hearing Sep.21, 2012.pdf**

59K

Listserv: phnotice@guamlegislature.org

As of Aug. 23, 2012

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jtenorio@guamcourts.org
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office@senatorada.org
oliviampalacios@gmail.com
peterlg@gmail.com
phillipsguam@gmail.com
pris@senatorpalacios.com
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regine@tinamunabarnes.com
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roryforguam@gmail.com
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sem@guamlegislature.org
senator@senatorbjcruz.com
senator@senatorpalacios.com
senator@tinamunabarnes.com
senatordrodriguez@gmail.com
senatormabini@senatormabini.com
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uriah@tinamunabarnes.com
val.g@senatormabini.com
vinson.calvo@gmail.com
vkomiyama.senatordrodriguez@gmail.com
wilcastro671@gmail.com



SENATOR DENNIS G. RODRIGUEZ, JR.

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

September 14, 2012

TO: ALL SENATORS

FROM: SENATOR DENNIS G. RODRIGUEZ, JR. 
CHAIRPERSON

SUBJECT: 1st NOTICE OF PUBLIC HEARING

1st NOTICE OF HEARING
Friday September 21, 2012 1:00PM

In accordance with the Open Government Law, Public Law 24-109, relative to notice for Public Meetings. Please be advised that the Committee on Health & Human Services, Economic Development, Senior Citizens and Election Reform will be conducting a hearing on September 21, 2012, at *I Liheslaturan Guåhan's* Public Hearing Room in Hagåtña, on the following:

1:00PM

- Bill No. 506-31(COR) - An act to adopt the proposed fee schedule for the Department of Mental Health and Substance Abuse, attached as Exhibit A. *(Introduced by B. J. F. Cruz.)*

Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatorrodriguez@gmail.com.

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact Clifton Herbert at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)



Clifton Herbert
<cherbert.senatorrodriguez@gmail.com>

First Notice of Public Hearing

4 messages

Clifton Herbert <cherbert.senatorrodriguez@gmail.com> Fri, Sep 14,
2012 at 4:59
PM

To: clynt@spbgum.com, dcrisostomo@guampdn.com, dmgeorge@guampdn.com, dtamondong@guampdn.com, editor@mvariety.com, gdumat-ol@guampdn.com, gerry@mvguam.com, hottips@kuam.com, jason@kuam.com, john@kuam.com, jtyquiengco@spbgum.com, marvic@mvguam.com, mpieper@guampdn.com, mvariety@pticom.com, news@spbgum.com, nick.delgado@kuam.com, parroyo@k57.com, ricknauta@hitradio100.com, sabrina@kuam.com, slimtiaco@guampdn.com, therese.hart.writer@gmail.com, zita@mvguam.com, Amritha Alladi <aalladi@guampdn.com>, Arvin Temkar <aktemkar@guampdn.com>, "George, Duane M" <dmgeorge@guam.gannett.com>, gerry partido <gerrypartido.mvguam3@gmail.com>, James <officemanager@hitradio100.com>, Janela <janela@mvguam.com>, Jesse Lujan <jesselujan27@yahoo.com>, "Jon A. Anderson" <editor@mvguam.com>, Joy <joy@mvguam.com>, Jr <news@lifeneews.com>, Katrina <life@guampdn.com>, Ken Quintanilla <kenq@kuam.com>, Kevin Kerrigan <kevin@spbgum.com>, Kevin Kerrigan <news@k57.com>, Laura Matthews <llmatthews@guampdn.com>, Mindy Aguon <mindy@kuam.com>, Oyaol Ngirairikl <odngirairikl@guampdn.com>, Pacific Daily News <news@guampdn.com>, "rgibson@k57.com" <rgibson@k57.com>, Travis Coffman <thebigshow@k57.com>, William Gibson <breakfastshowk57@gmail.com>

--

Ufsinan Todu Guam
SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Hafa Adai All Media!

Please see attached notice of public hearing.

Should you have any questions or concerns, feel free contact this office at any time.

Best Regards,

Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatordrodriguez@gmail.com

Website: www.toduguam.com

This e-mail may contain data that is confidential, proprietary or non-public personal information, as that term is defined in the Gramm-Leach-Bliley Act (collectively, Confidential Information).

The Confidential Information is disclosed conditioned upon your agreement that you will treat it confidentially and in accordance with applicable law, ensure that such data isn't used or disclosed except for the limited purpose for which it's being provided and will notify and cooperate with us regarding any requested or unauthorized disclosure or use of any Confidential Information.

By accepting and reviewing the Confidential information, you agree to indemnify us against any losses or expenses, including attorney's fees that we may incur as a result of any unauthorized use or disclosure of

this data due to your acts or omissions. If a party other than the intended recipient receives this e-mail, he or she is requested to instantly notify us of the erroneous delivery and return to us all data so delivered.

2 attachments



Public Hearing 1st Notice Sep 21, 2012.doc

547K



Public Hearing 1st Notice Sep 21, 2012.pdf

368K

Mail Delivery Subsystem <mailer-daemon@googlemail.com>

Fri, Sep 14, 2012 at
4:59 PM

To: cherbert.senatorrodriguez@gmail.com

Delivery to the following recipient failed permanently:

jesselujan27@yahoo.com

Technical details of permanent failure:

Google tried to deliver your message, but it was rejected by the recipient domain. We recommend contacting the other email provider for further information about the cause of this error. The error that the other server returned was: 554 554 delivery error: dd Sorry your message to jesselujan27@yahoo.com cannot be delivered. This account has been disabled or discontinued [#102]. - mta1184.mail.gq1.yahoo.com (state 17).

----- Original message -----



SENATOR DENNIS G. RODRIGUEZ, JR.

PRESS RELEASE

FIRST NOTICE OF PUBLIC HEARING

Friday, September 21, 2012 1:00PM

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

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1:00PM

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Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

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For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520
E-mail: senatordrodriguez@gmail.com



Joseph Anthony Mesngon <jmesngon.senatorrodriguez@gmail.com>

2nd Notice of Public Hearing

2 messages

Clifton Herbert <cherbert.senatorrodriguez@gmail.com>

Tue, Sep 18, 2012 at 10:36 AM

To: phnotice@guamlegislature.org

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Ufisinan Todu Guam
SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guáhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Dear Senators,

Buenas yan Hafa Adai!

Please see attached second notice of public hearing. Should you have any questions or concerns please feel free to contact this office at any time.

Best Regards,
Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatorrodriguez@gmail.com

Website: www.toduguam.com

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 **Senators 2nd Notice Public Hearing Sep.15, 2012.pdf**

59K

Joseph Anthony Mesngon <jmesngon.senatordrodriguez@gmail.com>
To: Wilfred Aflague <wilfred.aflague@mail.dmhsa.guam.gov>

Tue, Sep 18, 2012 at 12:10 PM

[Quoted text hidden]

--

Joseph A. Q. Mesngon
Office of Senator Dennis G. Rodriguez, Jr.
I Mina'trentai Unu Na Liheslaturan Guahan
31st Guam Legislature
176 Serenu Avenue Suite 107
Tamuning, Guam 96913
Tel: 671.649.8638/0511
Fax: 671-649-0520
Please visit us at:
www.toduguan.com



Senators 2nd Notice Public Hearing Sep.15, 2012.pdf
59K



SENATOR DENNIS G. RODRIGUEZ, JR.

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
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Member,
Committee on Rules,
Federal, Foreign &
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Affairs, & Human &
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Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

September 18, 2012

TO: ALL SENATORS

FROM: SENATOR DENNIS G. RODRIGUEZ, JR. 
CHAIRPERSON

SUBJECT: 2nd NOTICE OF PUBLIC HEARING

2nd NOTICE OF PUBLIC HEARING
Friday, September 21, 2012 1:00PM

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1:00PM

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For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)



Clifton Herbert
 <cherbert.senatordrodriguez@gmail.com>

2nd Notice of Public Hearing

3 messages

Clifton Herbert <cherbert.senatordrodriguez@gmail.com> Tue, Sep 18, 2012 at 10:14 AM

To: clynt@spbgum.com, dcrisostomo@guampdn.com, dmgeorge@guampdn.com, dtamondong@guampdn.com, editor@mvariety.com, gdumat-ol@guampdn.com, gerry@mvguam.com, hottips@kuam.com, jason@kuam.com, john@kuam.com, jtyquiengco@spbgum.com, marvic@mvguam.com, mpieper@guampdn.com, mvariety@pticom.com, news@spbgum.com, nick.delgado@kuam.com, parroyo@k57.com, ricknauta@hitradio100.com, sabrina@kuam.com, slimtiaco@guampdn.com, therese.hart.writer@gmail.com, zita@mvguam.com, Amritha Alladi <aalladi@guampdn.com>, Arvin Temkar <aktemkar@guampdn.com>, "George, Duane M" <dmgeorge@guam.gannett.com>, gerry partido <gerrypartido.mvguam3@gmail.com>, James <officemanager@hitradio100.com>, Janela <janela@mvguam.com>, Jesse Lujan <jesselujan27@yahoo.com>, "Jon A. Anderson" <editor@mvguam.com>, Joy <joy@mvguam.com>, Jr <news@lifeneews.com>, Katrina <life@guampdn.com>, Ken Quintanilla <kenq@kuam.com>, Kevin Kerrigan <kevin@spbgum.com>, Kevin Kerrigan <news@k57.com>, Laura Matthews <llmatthews@guampdn.com>, Mindy Aguon <mindy@kuam.com>, Oyaol Ngirairiki <odngirairiki@guampdn.com>, Pacific Daily News <news@guampdn.com>, "rgibson@k57.com" <rgibson@k57.com>, Travis Coffman <thebigshow@k57.com>, William Gibson <breakfastshowk57@gmail.com>

Ufisiman Todu Guam

SENATOR DENNIS G. RODRIGUEZ, Jr.
I Mina'trentai Unu Na Liheslaturan Guåhan
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN SERVICES,
ECONOMIC DEVELOPMENT, SENIOR CITIZENS AND ELECTION REFORM

Hafa Adai all Media!

Please see attached notice of public hearing. Should you have any questions or concerns please feel free to contact this office.

Best Regards,
Clifton Herbert

176 Serenu Avenue Suite 107 Tamuning, Guam 96931

Telephone: 671.649.8638

Email: Cherbert.senatorrodriguez@gmail.com

Website: www.toduguam.com

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delivered.

2 attachments

 **Public Hearing 2nd Notice Sep 21, 2012.pdf**
368K

 **Public Hearing 2nd Notice Sep 21, 2012.doc**
547K

Mail Delivery Subsystem <mailer-daemon@googlemail.com>

Tue, Sep 18, 2012 at
10:14 AM

To: cherbert.senatorrodriguez@gmail.com

Delivery to the following recipient failed permanently:

jesselujan27@yahoo.com

Technical details of permanent failure:

Google tried to deliver your message, but it was rejected by the recipient domain. We recommend contacting the other email provider for further information about the cause of this error. The error that the other server returned was: 554 554 delivery error: dd Sorry your message to jesselujan27@yahoo.com cannot be delivered. This account has been disabled or discontinued [#102]. - mta1213.mail.bf1.yahoo.com (state 17).

----- Original message -----

DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed;
d=gmail.com; s=20120113;
h=mime-version:date:message-id:subject:from:to:content-type;



SENATOR DENNIS G. RODRIGUEZ, JR.

PRESS RELEASE

SECOND NOTICE OF PUBLIC HEARING

Friday, September 21, 2012 1:00PM

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
Natural Resources

Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

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1:00PM

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Testimony should be addressed to Senator Dennis Rodriguez, Jr., Chairman, and may be submitted via- hand delivery to our office at 176 Serenu Avenue Suite 107 Tamuning, Guam 96931 or our mailbox at the Main Legislature Building at 155 Hesler Place, Hagåtña, Guam 96910, or via email to senatordrodriguez@gmail.com.

We comply with Title II of the Americans with Disabilities Act (ADA). Individuals who require an auxiliary aid or service (i.e. qualified sign language interpreters, documents in Braille, large print, etc.) for effective communication, or a modification of policies or procedures to participate in a program service, or activity of Senator Dennis Rodriguez, Jr. should contact our office at 649-8638 (TODU) as soon as possible but no later than 48 hours before this scheduled event. We look forward to your attendance and participation.

For further information, please contact the Office of Senator Dennis Rodriguez, Jr. at 649-8638 (TODU)

Ufisinan Todu Guam • 31st Guam Legislature

176 Serenu Avenue, Suite 107, Tamuning, Guam 96931 / Telephone: 671-649-TODU (8638) / Facsimile: 671-649-0520
E-mail: senatordrodriguez@gmail.com



SENATOR DENNIS G. RODRIGUEZ, JR.

PUBLIC HEARING AGENDA

Friday, September 21, 2012

1pm

Public Hearing Room, *I Liheslatura*

Chairman,
Committee on
Health & Human
Services,
Senior Citizens,
Economic
Development,
& Election Reform

Member,
Committee on
Public Safety, Law
Enforcement,
& Judiciary

Member,
Committee on
Youth, Cultural Affairs,
Procurement, General
Government
Operations, & Public
Broadcasting

Member,
Committee on
Municipal Affairs,
Tourism,
Housing & Recreation

Member,
Committee on Rules,
Federal, Foreign &
Micronesian
Affairs, & Human &
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Member,
Committee on the
Guam Military Buildup
& Homeland Security

Member,
Committee on
Appropriations,
Taxation,
Public Debt, Banking,
Insurance,
Retirement, & Land

Member,
Committee on Utilities,
Transportation, Public
Works,
& Veterans Affairs

Assistant Majority Whip

I. Call to Order

II. Items for Public Consideration:

- **Bill 506-31 (COR)- An act to adopt the proposed fee schedule for the Department of Mental Health and Substance Abuse, attached as Exhibit A. Introduced by Sen. BJ Cruz**

III. Adjournment

Testimonies not submitted today may be addressed to: Senator Dennis G. Rodriguez, Jr. Chairman, Committee on Health and Human Services, Economic Development, Senior Citizens and Election Reform and delivered via: 176 Serenu Avenue Suite 107 Tamuning, Guam 96913, emailed to: senatordrodriguez@gmail.com or Guam Legislature 155 Hesler St. Hagatna, Guam 96932.

Thank you for your participation in today's public hearing.