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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 22-0003

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form
Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 9, 2023

Sandra King Young, Director American Samoa Medicaid Agency P.O. Box 998383 Office of the Governor American Samoa Government Pago Pago, American Samoa 96799

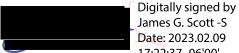
Dear Ms. Young:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number AS 22-0003. This amendment preserves approved coverage of prescription drugs, dentures, and prosthetic devices while resolving a technical duplicate page number issue in Attachment 3.1A.

Please be informed that this State Plan Amendment was approved February 9, 2023, effective October 1, 2022. Enclosed is a copy of the CMS 179 summary page and the amended plan page(s).

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or <u>barbara.prehmus@cms.hhs.gov</u>.

Sincerely,



Date: 2023.02.09 17:22:37 -06'00' James G. Scott, Director

Division of Program Operations

cc: Faiilagi Poufa-Faifai Matilda Kruse

CENTERS FOR MEDICARE & MEDICAID SERVICES		
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TD ^ NSMITT ^ L N' 'MBE' 2. STATE 2 2 0 0 3 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SEC' ''TITY ^CT Image: XIX XXI 4. D'DOPOSED EFFECTIVE DATE	
CENTERS FOR MEDICAID & CHIR SERVICES DERARTMENT OF HEALTH AND HUMAN SERVICES	10/01/2022	
5. FED TO AL STATUTE/REGULATION CITATION	6. FED DAL B' DGET IMP^CT (^mounts in WHOLE dollars)	
Section § 1902(j), 42 CFR Part 440.120	a FFY <u>2022</u> \$ <u>0</u> b FFY <u>2023</u> \$ <u>0</u>	
7. "^GE N' 'MBER ^ THE "LAN SECTION OR ATTACHMENT	8. C^GEN' 'MBED OF THE S' 'DED SEDED DL^N SECTION OR ^TT^CHMENT (If Applicable)	
Attachment 3.1A, pg 11	Attachment 3.1A, pg 11 (TN 22-0002)	
	Attachment 3.1A, pg 11 (TN 15-0001)	
9. S' 'BJ CT CT CT ^MENDMENT Technical correction to resolve having two page number 11s ir 12b, and 12c language is in the state plan after AS 22-0002 ap		
10. GOV" "NOR'S "EVIEW (Check One) GOVERNOR'S ^ FICE REPORTED NO COMMENT COMMENTS ^ GOVE"NOR'S ^ FIC" ENCLOSED NO "E"LY "ECEIVED WITHIN 45 D ^ YS ^ S' 'BMITT ^ L	O OTHER, ASSRECIFIED:	
	5. RET' 'RN TO	
12. "Y"ED N^ME Sandra King Young		
13. TLE Medicaid Director		
14. D^TT S' 'BMITTED 12/28/2022 "Resubmitted 02/06/2023"		
FOR CMS US	EONLY	
16. D^TC DCCEIVED 17 12/28/2022 17	7. DATE ADDROVED February 9, 2023	
PLAN APPROVED - ONE	COPYATTACHED	
18. EFF"C"IVE D^TE ^F APPROVED MATERIAL 19 10/01/2022 19	9. SIGNATURE OF APPOVING OFFICIAL Digitally signed by James G. Scott -S Date: 2023.02.09 17:23:18 -06'00'	
20. TYPED NAME OF ADDROVING OFFICIAL 24	1. TITLE OF ADDOOVING OFFICIAL	
James G. Scott	Director, Division of Program Operations	
22. "EMA"KS		

- 1) Dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act; and
- 2) Dispensed by the licensed pharmacist or practitioner on a written or electronic prescription that is recorded and maintained in the pharmacist's or practitioner's records.
- A. Provider Eligibility Requirements

Pharmacies licensed to operate on American Samoa may be eligible to participate in the Territory's Medicaid Program provided they abide by all policies and procedures, have a licensed pharmacist on board, and have signed an agreement with the Medicaid Program.

- B. Benefit Limitations
 - 1. Covered Services
 - a. The prescription must be dispensed by a licensed pharmacist.
 - b. Prenatal vitamin/mineral supplements.
 - c. Select over the counter (OTC) drugs.
 - 2. Not Covered Services
 - a. Investigational drugs
- 12. b. Dentures

Dentures are artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth.

These services are provided without limitations.

12. c. Prosthetic Devices

Prosthetic Devices means replacement, corrective, or supportive devices prescribed by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law to—

- 1) Artificially replace a missing portion of the body;
- 2) Prevent or correct physical deformity or malfunction; or
- 3) Support a weak or deformed portion of the body.

TN No:	22-0003	Approval Date:	02/09/2023	
Supersedes:	22-0002 & 15-0001	Effective Date:	10/01/2022	