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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 22-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

November 17, 2022

Sandra King Young, Director

American Samoa Medicaid State Agency
P.O. Box 6101
Office of the Governor
American Samoa Government
Pago Pago, AS 96799

Dear Sandra King Young:

The CMS Division of Pharmacy team has reviewed American Samoa's State Plan Amendment (SPA) 22-0002 received in the CMS Division of Program Operations on August 30, 2022. This SPA waives American Samoa from participation in the Medicaid Drug Rebate Program (MDRP) under the authority of 1902(j) of the Social Security Act.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0002 is approved with an effective date of July 1, 2022. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into American Samoa's state plan. If you have any questions regarding this amendment, please contact Charlotte Hammond at (410) 786-1092 or charlotte.hammond@cms.hhs.gov.

Sincerely,

 Digitally signed by
ark -S

Cynthia R. Denemark, R.Ph.
Acting Director
Division of Pharmacy

cc: Faiilagi Poufa-Faiiai, Deputy Director, American Samoa Medicaid State Agency
Barbara Prehmus, CMS Division of Program Operations - West Branch

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 — 0 0 0 2

2. STATE
AS

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
07/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
Section § § 1902(j), 1902(a)(54), 1927, 42 CFR Part 447, Subpart I

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ _____
b. FFY 2023 \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1A, pg 10

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1A, pg 10

9. SUBJECT OF AMENDMENT

To waive American Samoa from the Medicaid Drug Rebate Program under the 1902(j) authority.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO
Sandra King Young, Director
American Samoa Medicaid State Agency
P.O. Box 6101
Office of the Governor
American Samoa Government
Pago Pago, AS 96799

12. TYPED NAME
Sandra King Young

13. TITLE
Medicaid Director

14. DATE SUBMITTED
08/29/2022

FOR CMS USE ONLY

16. DATE RECEIVED
8/30/2022

17. DATE APPROVED
11/17/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
JULY 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by Cynthia R. Denemark - S
Date: 2022.11.17 15:40:21 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
CYNTHIA R. DENEMARK

21. TITLE OF APPROVING OFFICIAL
ACTING DIRECTOR, DIVISION OF PHARMACY

22. REMARKS

B. Benefit Limitations

These services will be provided only for inpatient and outpatient hospital at LBJ Tropical Medical Center.

11c. **Speech Therapy & Audiology Services**

Services for patients with speech, hearing and language disorders will be provided by or under the direction of a speech pathologist or audiologist for patients referred by a physician and will include the necessary supplies and equipment. The speech pathologist or audiologist will have a certificate of clinical competence from the American Speech and Hearing Association, will have completed the equivalent educational requirements and work experience for the certificate or will have completed the academic program and is acquiring supervised work experience to qualify for the certificate. The services will be provided in accordance with 42 CFR 440.110.

A. Provider Eligibility Requirements

Any speech pathologist or audiologist licensed to practice speech therapy and/or audiology on American Samoa, who accepts Medicaid policies, regulations, and procedures and signs a provider agreement, is eligible to participate in the program.

B. Benefit Limitations

These services will be provided only for inpatient and outpatient hospital at LBJ Tropical Medical Center.

Covered Services

- a. Diagnostic speech evaluation
- b. Diagnostic audiological evaluation
- c. Hearing evaluation and hearing aid.

12. **Prescribed Drugs, Dentures, Prosthetic Devices and Eyeglasses**

12a. Prescribed Drugs

Consistent with the authority described at section 1902(j) of the Social Security Act, the requirement for American Samoa to comply with the requirements of section 1902(a)(54) of the Social Security Act is waived. As a result, American Samoa is not required to comply with the applicable requirements of section 1927 of the Social Security Act, or the implementing regulations at 42 CFR Part 447, Subpart I.

Prescribed drugs means simple or compound substances or mixtures of substances prescribed for the cure, mitigation, or prevention of disease, or for health maintenance that are-

- 1) Prescribed by a physician or other licensed practitioner of the healing arts within the scope of this professional practice in accordance with the State Medical Practice Act; and

- 2) Dispensed by licensed pharmacists and licensed authorized practitioners in accordance with the State Medical Practice Act; and
- 3) 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

TN No: 22-0002
Supersedes: 11-002

Approval Date: 11/17/2022
Effective Date: 07/01/2022