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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:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) 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 barbara.prehmus@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue horizontal line is visible at the bottom of the redaction box.

Digitally signed by
James G. Scott -S
Date: 2023.02.09
17:22:37 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Faiilagi Poufa-Faifai
Matilda Kruse

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

1. TRANSMITTAL NUMBER
2 2 — 0 0 0 3

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
10/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
Section § 1902(j), 42 CFR Part 440.120

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1A, pg 11

8. PAGE NUMBER OF THE SUBMITTED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1A, pg 11 (TN 22-0002)
Attachment 3.1A, pg 11 (TN 15-0001)

9. SUBJECT OF AMENDMENT

Technical correction to resolve having two page number 11s in Attachment 3.1A; ensures the correct, approved 12a, 12b, and 12c language is in the state plan after AS 22-0002 approval created a second page 11.

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME
Sandra King Young

13. TITLE
Medicaid Director

14. DATE SUBMITTED
12/28/2022 "Resubmitted 02/06/2023"

FOR CMS USE ONLY

16. DATE RECEIVED
12/28/2022

17. DATE APPROVED
February 9, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2022

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.02.09 17:23:18 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

- 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
Supersedes: 22-0002 & 15-0001

Approval Date: 02/09/2023
Effective Date: 10/01/2022