DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROVED OMB NO. 0938-0193
HEALTH CARE FINANCING ADMINISTRATION TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	11-002	American Samoa
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT SOCIAL SECURITY ACT (MEDICA	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	October 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Revisions to State Plan Section I under title XIX of the	a. FFY: 2011	\$0
Social Security Act, 42 CFR part 340.	b. FFY: 2012	\$0
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERS	* <u> </u>
ATTACHMENT:	OR ATTACHMENT (If Applicable)	
ATTACHWENT.		
Section 1 - 1.4 , pages 4-18	TN-87-004 Section 1-1	.3, pages 1-6
Section 1 – 1.4 / Pages 1 10		
10. SUBJECT OF AMENDMENT:		
as promulgated in the Executive Order No. 006-2011.		
11. GOVERNOR'S REVIEW (Check One):	Corner Aconegiero.	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☐ OTHER, AS SPECIFIED:	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	711	Ne has " -
	(loa A.)	over.
•	Faoa A. Sunia, Lt. Governor	
1		
10 SIGNATION OF STATEMAN OF SIGNAL	LIC DETUDING	
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	Niuatoa Andy Puletasi	
Niuatoa Andy Puletasi	Medicaid Program Director	
14. TITLE:	P.O. Box LBJ	
Medicaid Program Director	LBJ Tropical Medical Center	
15. DATE SUBMITTED:	American Samoa 96799	
September 16, 2011		er
FOR REGIONAL O		er
	FFICE USE ONLY	er
17. DATE RECEIVED: September 16, 2011	18. DATE APPROVED:	
September 16, 2011	18. DATE APPROVED: NO	y 0 2 2011
PLAN APPROVED ATE OF APPROVED MATERIAL:	18. DATE APPROVED:	/ 0 2 2011 FICIAL;

Pen and Ink Change to Box 9