

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**12-001**

2. STATE  
**American Samoa**

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2012**

5. TYPE OF PLAN MATERIAL (Check One):  
 NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
**Revisions to State Plan Section III under title XIX of the  
Social Security Act, 42 CFR part 440.**

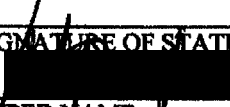
7. FEDERAL BUDGET IMPACT:  
a. FFY 2012      \$ 0  
b. FFY 2013      \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
**SECTION III - SERVICES GENERAL PROVISIONS.**  
Page 1  
Attachment 3.1-A, pages 1-15  
Attachment 3.1-D, pages 1-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
**Section III , State Plan Pages 9-15**

10. SUBJECT OF AMENDMENT: Amendment to the State Plan to include all Medicaid services currently performed on Territory with description and specification on limitations on amount, duration, and scope of those services.

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
  
13. TYPED NAME:  
**Niutou Andy Puletasi**  
14. TITLE:  
**Medicaid Director**  
15. DATE SUBMITTED:  
**March 27, 2012**

16. RETURN TO:  
**American Samoa Medicaid Office  
Office of the Governor  
P.O. Box 998383  
Pago Pago, American Samoa 96799**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **March 28, 2012**

18. DATE APPROVED: **10/28/12**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: **1/1/2012**

20. SIGNATURE OF REGIONAL OFFICIAL:  


21. TYPED NAME: **Gloria Nagle, Ph.D., MPA**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:  
**Pen and Ink Changes, Boxes 8 & 9**