

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>12-002</b>	2. STATE <b>American Samoa</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>		4. PROPOSED EFFECTIVE DATE <b>January 1, 2012</b>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR Part 433; 42 CFR Part 431.56; 48 USC 1469 (a) (d)</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$0 b. FFY 2013      \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Section VI, pages <del>25-29</del> 25-27 <i>(TWS)</i></b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Section VI Financial Administration, pages <del>25-26</del> 25-29 <i>(TWS)</i></b>	
10. SUBJECT OF AMENDMENT: <b>Amendment to the State Plan to include changes to the methodology for claiming Federal Financial Participation (FFP) used by American Samoa.</b>			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>American Samoa Medicaid Office Office of the Governor American Samoa Government P.O. Box 998383 Pago Pago, American Samoa 96799</b>	
13. TYPED NAME: <b>Niuatoa Andy Puleta</b>			
14. TITLE: <b>Medicaid Program Director</b>			
15. DATE SUBMITTED: <b>March 29, 2012</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>March 29, 2012</b>		18. DATE APPROVED: <b>JUN 21 2012</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2012</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Gloria Nagle, Ph.D., MPA</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS: <b>Pen and Ink Changes: Boxes 8 &amp; 9</b>			