

## **Table of Contents**

**State/Territory Name: American Samoa**

**State Plan Amendment (SPA) #: 15-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

---

April 14, 2015

Sandra King Young  
ASTCA Executive Building  
Suite 304  
PO Box 998383  
Pago Pago, AS 96799

Dear Ms. King Young:

Enclosed is an approved copy of the American Samoa State Plan Amendment (SPA) 15-0001, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on February 2, 2015. This amendment updates the prosthetic devices section to include surgically implanted devices for cataract patients, ostomy bags, and breast prostheses in American Samoa's State Plan.

This SPA is approved effective January 1, 2015. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 3.1-A: Pages 11 and 12

If you have any questions, please contact Peter Banks at (415) 744-3782 or [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,

/s/

Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



## **DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

April 14, 2015

Sandra King Young, Director  
ASTICA Executive Building  
PO Box 998383  
Pago Pago, American Samoa 96799

Dear Ms. King Young:

This letter is being sent as a companion to our approval of American Samoa State Plan Amendment (SPA) 15-0001 which updates American Samoa's prosthetic device services to include surgically implanted devices for cataract patients, ostomy bags, and breast prostheses in American Samoa's State Plan. CMS conducted a same page coverage review of American Samoa's Diagnostic, Screening, Preventive and Rehabilitative services. The pages reviewed were:

- Limitations to Attachment 3.1-A, pages 12-14

We have determined that American Samoa will need to make some updates to the state plan language to ensure that certain preventive services described in the pages are in accord with specific Federal requirements. Section 1902 of the Social Security Act requires that the territory have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 require that the plan be a comprehensive written statement containing all information necessary for CMS to determine whether the plan can be approved as a basis for Federal Financial participation in the program. Preventive services are defined at 42 CFR 440.130(c) and require that services be "recommended" by a physician or other licensed practitioner of the healing arts within the scope of his/her practice and 1) prevent disease, disability, and other health conditions or their progression; 2) prolong life; and 3) promote physical and mental health and efficiency. Regulations at 42 CFR 440.230 require that services must be sufficient in amount, duration and scope to reasonably achieve their purpose.

In order for the state plan language to be in accord with Federal requirements, please revise the plan to address these preventive care services:



- Align the services and limitations for "pelvic examinations" and "pap smears" that appear in the plan.
- Align the limitations on screening mammography with those recommended by the United States Preventive Services Task Force (USPSTF).
- Indicate in the plan that the limitations for screening mammography services can be exceeded based on medical necessity.

Please respond to this letter no later than 90 days from the date of this letter with a corrective action plan describing how the State will resolve the issues identified above. During the 90 days, we will provide any required technical assistance. If you have any questions, please contact Peter Banks at 415-744-3782 or via email at [peter.banks@cms.hhs.gov](mailto:peter.banks@cms.hhs.gov).

Sincerely,

/s/

Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <b>15-001</b> <b>15-0001 PB</b>	2. STATE  <b>American Samoa</b>
FOR: Centers of Medicare and Medicaid Services		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  January 1, 2015	
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:  42 CFR 440.120 (c)		7. FEDERAL BUDGET IMPACT: a. FFY 2014 500,000 b. FFY 2015 500,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Page 11 and 12. Medicaid Director Signature  Sandra King Young	
10. SUBJECT OF AMENDMENT: Amendment to the State Plan Section 3-12 c Prosthetic Devices to revise existing language.			
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 wish to review the State Plan <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  Sandra King Young, Director American Samoa Medicaid State Agency P.O. Box 998383 Office of the Governor American Samoa Government Pago Pago, American Samoa 96799	
13. TYPED NAME: Sandra King Young			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: 2/2/15 PB			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: February 2, 2015		18. DATE APPROVED: April 14, 2015	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Hye Sun Lee		22. TITLE: Associate Regional Director	
23. REMARKS:			

## AMERICAN SAMOA MEDICAID STATE AGENCY

---

- 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. Drugs which are included in the American Samoa Medicaid Drug Formulary. The prescription must be dispensed by a licensed pharmacist.
- b. prenatal vitamin/mineral supplements.

#### 2. Not Covered Services

- a. Experimental drugs.
- b. Food supplements, infant formula and therapeutic diets.
- c. Over-the-counter drugs except for drugs included in the Medicare Drug Formulary for special reasons.

### 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 American Samoa 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.

- 4) Surgically implanted cardiac artificial valves, pace makers, and intra ocular lens for cataract patients;
- 5) Provide Ostomy bags and certain related supplies; or
- 6) Provide breast prostheses (including a surgical bra) after a mastectomy.

12. d. Eyeglasses means lenses, including frames and other aids to vision prescribed by a physician skilled in diseases of the eye (ophthalmologist) or by an optometrist; whichever patient may select, to improve vision.

A. Benefit Limitations

1. Covered Services

- a. Eyeglasses limited to one pair every two (2) years.
- b. Repair or replacement of broken eyeglasses limited to once every two (2) years.

2. Not Covered Services

- a. Eyeglasses with correction of below plus or minus (+ or -) .50 diopters or 10 cylinder axis.
- b. contact lenses
- c. Sunglasses

13. **Diagnostic, Screening, Preventive and Rehabilitative Services**

13. a. Diagnostic Services

Diagnostic Services, except as otherwise provided under this plan includes any medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation in a patient.

These services are performed only when deemed medically necessary by the patient's physician.

13. b. Screening Services

Screening Services means the use of standardized tests given under medical direction in the mass examination of a designated population to detect the existence of one or more particular diseases or health deviations or to identify for more definitive studies individuals suspected of having certain disease.

13. c. Preventive Services

Preventive Services means services recommended by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to-