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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 12-006 | 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 April 1, 2012 | |
| 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: 1902(n)(1)through (3) | | 7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$ 1,000,000 b. FFY 2013 \$ 2,000,000 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 4.19-B, pg. 1-3 Section 3.2, pg. 2 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): | |
| 10. SUBJECT OF AMENDMENT: SPA to amend the State Plan to include section 3.2, Coordination of Medicaid with Medicare and other insurance, and the supplement 1 to Attachment 4.19-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: Niutoa Andy Puletafi Medicaid State Agency P.O. Box 998383 Office of the Governor American Samoa Government Pago Pago, American Samoa 96799 | |
| 13. TYPED NAME: Niutoa Andy Puletafi | | | |
| 14. TITLE: Medicaid Director | | | |
| 15. DATE SUBMITTED: June 15, 2012 (TWS) | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: June 15, 2012 | | 18. DATE APPROVED: SEP 12 2012 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: April 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 Change, box 15 | | | |