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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 22-0001

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 601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

May 25, 2022

Sandra King Young, Director
American Samoa Medicaid Agency
P.O. Box 998383 Office of the Governor
American Samoa Government
Pago Pago, American Samoa 96799

Dear Ms. Young:

We have completed our review of the enclosed State Plan Amendment (SPA) Transmittal Number AS 22-0001. This amendment adds optometry services to the state plan, revises coverage of eyeglasses/contact lens, and adds a fee-for-service payment methodology for these benefits.

Please be informed that this State Plan Amendment was approved on May 25, 2022, with an effective date of January 1, 2022. Enclosed is a copy of the CMS 179 summary page and the amended plan page(s).

If you have any questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible below the redaction.

Digitally signed by James
G. Scott -S
Date: 2022.05.25 17:38:35
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Faiilagi Poufa-Faifai
Matilda Kruse

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 — 0 0 0 1

2. STATE
AS

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
01/01/2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.30

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 200000.00
b. FFY 2023 \$ 400000.00

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1A, pg 6-6A
Attachment 4.19B, pg 20 19
Attachment 3.1A, pg 12, 12a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1A, pg 6
Attachment 3.1A, pg 12
Attachment 4.19B, NEW

9. SUBJECT OF AMENDMENT

To add optometry services to the Medicaid State Plan . To revise coverage of eyeglasses/lens and to add payment methodology for these benefits to the Medicaid State Plan.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Sandra King Young

13. TITLE
Medicaid Director

14. DATE SUBMITTED
03/31/2022

15. RETURN TO

Sandra King Young, Director
American Samoa Medicaid State Agency
P.O. Box 6101
Office of the Governor
American Samoa Government
Pago Pago, AS 96799

FOR CMS USE ONLY

16. DATE RECEIVED
March 31 2022

17. DATE APPROVED
May 25, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2022

19. SIGNING OFFICIAL
[Redacted Signature] Digitally signed by James G. Scott -S
Date: 2022.05.25 17:39:28 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Pen and Ink changes to Boxes 7, 8, and 9 authorized via email on 4/27/2022.

- a) Immunization and vaccine readily available free of charge at community health clinics
- b) Acupuncture

6) **Medical or Other Remedial Care provided by licensed practitioners**

- a. Podiatrist Services
 - Not Covered except for individuals under the age of 21 pursuant to EPSDT. Services must be determined medically necessary and authorized by the territory.
- b. Optometrist Services
Services are limited to the following:
 - One complete visual analysis including refraction once every two years per eligible beneficiary.
 - One interim diagnostic eye exam once every two years per eligible beneficiary.

A participating practitioner, public or private, must meet the following requirements:

- Licensed (could be from any of the 50 states, 5 U.S. Territories or an internationally recognized licensing body).
- Certified by the American Samoa Health Regulatory Services Board.
- Approved for participation as a provider by the American Samoa Medicaid State Agency.

Coverage service and limitations may not apply when medically necessary and requires prior authorization.

Not Covered

- Medication dispensed at an office.
- Vision Training.
- Pathology Services, as specified in optometry license.

- c. Chiropractor Services
 - Not Covered except for individuals under the age of 21 pursuant to EPSDT. Services must be determined medically necessary and authorized by the territory.
- d. Other Licensed Practitioner Services
 - Services of a licensed clinical psychologist within their scope of practice according to state/territory law.
 - Services of licensed nurse practitioner within their scope of practice according to state/territory law.
 - Services of licensed physicians' assistant within their scope of practice according to state/territory law.
 - Services of a licensed marriage and family counselor within their scope of practice according to state/territory law.

TN No: 22-0001
Supersedes: 11-002

Approval Date: 05/25/2022
Effective Date: 01/01/2022

7) **Home Health Services**

Home health services are services that will be provided to patients referred off-island from a physician as part of a written plan of care that the physician reviews every 60 days. The services will be provided in the patient's temporary place of residence. Home health services will include the following services and items:

- a. Nursing services, as defined in the state nursing practice act, that are provided on a part-time or intermittent basis by a home health agency that is either a public or private organization that meets the requirements for participation in Medicare.
- b. Home health aide services provided by a home health agency.
- c. Medical supplies, equipment and appliances suitable for use in any setting in which normal life activities take place.
- d. Physical therapy services provided by a home health agency or by a facility licensed by the state to provide medical rehabilitation services.

A. Provider Eligibility Requirements

A participating Home Health Agency is a public or private agency or organization which meets the following requirements.

TN No: 22-0001
Supersedes: 11-002

Approval Date: 05/25/2022
Effective Date: 01/01/2022

- 4) Surgically implanted cardiac artificial valves, pace makers, and intra ocular lens for cataract patients;

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. Prescription eyeglasses limited to one pair each every two (2) years except when determined medically necessary.
- b. Prescriptions sunglasses limited to one pair each every two (2) years except when determined medically necessary.
- c. Rigid gas permeable (RGP) prescription contact lens are limited to one (1) pair every two (2) year except when determined medically necessary.
- d. Prescription soft contact lens are limited to twenty four (24) pairs every two (2) years except when determined medically necessary.
- e. Repair or replacement of broken eyeglasses and sunglasses limited to once every two (2) years.
- f. Eyeglasses will be provided to EPSDT recipients beyond and above limitations based on the determinations of medical necessity and prior authorization.
- g. Prior authorization is required to receive the combined benefit of eyeglasses, prescription contact lens and/or sunglasses based on the determinations of medical necessity.

2. Not Covered Services

- a. Eyeglasses with correction of below plus or minus(+or-) .50 diopters or 10-cylinder axis.
- b. Cosmetic glasses, sunglasses and contact lenses

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.

TN No: 22-0001
Supersedes: 15-001

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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-

TN No: 22-0001
Supersedes: 15-001

Approval Date: 05/25/2022
Effective Date: 01/01/2022

**METHODS & STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE**

(b) Optometry Services/ Eyeglass Services

- (1) Fee Schedule Rates for optometry and eyeglasses services are set as of 01/01/2022 and are effective for dates of service on and after that date.

Service Type	Fee Schedule Amount
Comprehensive Eye Exam	\$85.00
Contact Lens Fitting	\$120.00
Lens Fitting	\$35.00
Rigid Gas Permeable Contact Lens Fitting	\$185.00
Refraction	\$40.00
Eyeglasses	\$225.00
Rigid Gas Permeable Contact Lens (1 pair)	\$380.00
Soft Contact Lens (2-year supply)	\$300.00
Sunglasses	\$200.00
Frame Repair	\$15.00
Nose Pad Replacement	\$10.00
Lens Replacement	\$110.00

- (2) No payment is made for services beyond the scope of the program or unit of services exceeding Medicaid’s authorization. Payment is made for services described in Attachment 3.1-A

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