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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 24-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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

June 17, 2024

Sandra King Young
Medicaid Director
American Samoa Medicaid State
Agency
P.O. Box 6101
ASTCA Executive Bldg. Suite 306
Pago Pago, AS 96799

Re: American Samoa State Plan Amendment (SPA) – 24-0001

Dear Director King Young:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to temporarily suspend otherwise covered benefits for the period January 1, 2024 through September 30, 2024 in response to the territory's local funding shortfall.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that American Samoa's Medicaid SPA TN 24-0001 was approved on June 17, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the American Samoa State Plan.

If you have any questions, please contact Barbara Prehmus at (303) 844-7472 or via email at Barbara.Prehmus@cms.hhs.gov.

Sincerely,

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

Digitally signed by James
G. Scott -S
Date: 2024.06.17 16:30:57
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

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 4 — 0 0 0 1

2. STATE

A S

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

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

TITLE XIX OF THE SOCIAL SECURITY ACT

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0.00
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

SECTION 3 - ATTACHMENT 3.1-A
pages: ~~6a, 7, 12, 15, 16~~

Pages: 1, 6a, 7, 12, 12a, 16, 16a and 17

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 3 - Attachment 3.1- A Pages; 1, 6a, 7, 12, 12a, 15, 16 and 17

9. SUBJECT OF AMENDMENT

Temporary suspension of specified services through September 30, 2024 due to local funding constraints.


SECTION 3.1-A: IMPACT OF SERVICES DUE TO FINANCIAL CONSTRAINTS

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



15. RETURN TO

American Samoa Medicaid State Agency
P.O. Box 6101
ASTCA Executive Bldg. Suite 306
Pago Pago, AS 96799

12. TYPED NAME
SANDRA KING YOUNG

13. TITLE
MEDICAID DIRECTOR

14. DATE SUBMITTED
MARCH 30, 2024

FOR CMS USE ONLY

16. DATE RECEIVED
March 30, 2024

17. DATE APPROVED
June 17, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.06.17 16:31:21 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director Division of Program Operations

22. REMARKS

Authorization received via email 5/14/2024 to revise Boxes 7 and 8 to reflect page numbers, Box 9 to clarify the amendment subject, and Box 15 to add address.

American Samoa utilizes its waiver authority under Section 1902(j) of the Social Security Act to suspend the delivery of services outlined in Section 3.1-A of the State Plan.

Services provided on-island with local vendors that have their own local match are not suspended. Patients who are currently in progress who have been accepted for Medicaid services are further exempt from the suspension.

The suspension will sunset on 9-30-2024, and services will reinstate on 10/1/2024 and the state plan will revert to the previously approved language.

Attachment 3.1-A identifies and describes the medical and remedial services provided to the Medicaid population and specifies all limitations on the amount, duration, and scope of those services.

1. Inpatient Hospital Services

Inpatient hospital services mean acute inpatient services, other than services in an institution for mental disease, furnished on island under the direction of a physician or dentist and that include the following room and board and professional services on a continuous 24-hour-a-day basis:

- a) Acute medical
- b) Acute surgical
- c) Acute pediatric
- d) Acute obstetrics/gynecology
- e) Intensive care

These services will be provided in a facility that is licensed or formally approved as a hospital by the American Samoa Health Service Regulatory Board and that has a utilization review plan in effect for Medicaid patients and meets the requirements for participation in Medicare. Inpatient hospital services do not include SNF and ICF services furnished by a hospital with a swing-bed approval.

A. Provider Eligibility Requirements

An approved hospital is one which meets all the following conditions:

- a) Licensed as a general hospital by the Territory/State of American Samoa; and
- b) Qualified to participate under Title XVIII of the Social Security Act, and has in effect a hospital utilization review plan applicable to all patients who received medical assistance under Title XIX of the Social Security Act (Medicare); and
- c) Signed agreement to participate with and abide by the rules and regulations of the American Samoa Medicaid Program,

B. Benefit Limitations/without limitations

Services are provided without limitations.

TN No: 24-0001
Supersedes: 18-002

Approval Date: 06/17/2024
Effective Date: 01/01/2024

American Samoa utilizes its waiver authority under Section 1902(j) of the Social Security Act to suspend the delivery of services for Home Health Services of the State Plan. The suspension will sunset on 9-30-2024 and services will reinstate on 10/1/2024 and the state plan will revert to the previously approved language.

7. Home Health Services

Home health services are services that will be provided to only patients referred off-island. Services must be 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.

- a) Certification as a Home Health Agency under Title XVIII Medicare Program.
- b) Approval for participation as Home Health Services provider by the American Samoa Medicaid Program.

B. Benefit Limitations

a) Covered Services

As mentioned above

b) Not Covered Services

1. Medical social services
2. Speech and occupation therapy
3. Homemaker services
4. Chore service

TN No: 24-0001
Supersedes: 18-002

Approval Date: 06/17/2024
Effective Date: 01/01/2024

American Samoa utilizes its waiver authority under Section 1902(j) of the Social Security Act to suspend the delivery of services for Medical Supplies, Equipment and Appliances of the State Plan. The suspensions will sunset on 9-30-2024 and services will reinstate on 10/1/2024 and the state plan will revert to the previously approved language.

7.a. Medical Supplies, Equipment and Appliances

Pursuant to 42 CFR §440.70 and other applicable state and federal law or regulation, medical supplies, equipment, and appliances shall be provided to a patient if certified by a physician written plan of care. A physician shall review biannually the necessity and suitability of medical supplies, equipment, and appliances for use by the patient.

A. Provider Eligibility Requirements

- a) Certified by the American Samoa Health Regulatory Board
- b) Approval for participation as a Provider by the American Samoa Medicaid Program.

B. Benefit Limitations

TN No: 24-0001
Supersedes: 22-0001

Approval Date: 06/17/2024
Effective Date: 01/01/2024

- 4) Surgically implanted cardiac artificial valves, pacemakers, and intra ocular lens for cataract patients.

American Samoa utilizes its waiver authority under Section 1902(j) of the Social Security Act to suspend the delivery of eyeglasses benefit services of the State Plan. The suspension will sunset on 9-30-2024 and services will reinstate on 10/1/2024 and the state plan will revert to the previously approved language.

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

a) Covered Services

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

b) Not Covered Services

1. Eyeglasses with correction of below plus or minus (+or-) .50 diopters or 10-cylinder axis.
2. 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 their scope of practice under State law, to enable and 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.

TN No: 24-0001
Supersedes: 22-0001

Approval Date: 06/17/2024
Effective Date: 01/01/2024

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-

TN No: 24-0001
Supersedes: 22-0001

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American Samoa utilizes its waiver authority under Section 1902(j) of the Social Security Act to suspend the delivery of Off-Island Care and Procedures Not Available on American Samoa of the State Plan. The suspension will sunset on 9-30-2024 and services will reinstate on 10/1/2024 and the state plan will revert to the previously approved language.

18. Off-Island Care and Procedure Not Available on American Samoa

Medicaid may refer patients off-island for medical care under certain conditions. Patients may be referred off-island for emergency services, acute medical services, or comprehensive diagnostic screening, other lab, and x-ray services not available on-island for purposes of early disease detection, intervention and to control costs associated with delayed treatment. All referrals are handles in accordance with the policies and procedures of the American Samoa Medicaid Agency. Patients referred under the Medicaid Program shall be covered for medical, transportation and accommodations services only. Services may be on an inpatient or outpatient basis depending upon the medical necessity as determined by the Medicaid agency's referral policies. Transportation must be necessary to provide patient with access to medical care with providers and includes emergency and non-emergency air travel, land and sea. (Refer to Attach. 3.1-D).

Statement of Benefit Limitations and Authorizations

1. Off-island medical care described above, must be essential to save life, significantly alter an adverse prognosis, or provide early diagnostic disease prevention not available on island for purposes of intervention, early disease detection and cost controls of the Medicaid program.
2. Off-island medical services are subject to the benefits limitations under Attachment 3.1-A requiring certain services shall be done on-island. Palliation, experimental or cosmetic procedures shall not qualify for off-island referral.
3. Medicaid coverage for medical care, transportation and accommodations services furnished for off-island referral must receive prior authorization for reimbursement from the American Samoa Medicaid Agency in accordance with Medicaid's standard operating procedures for off-island referral.
4. Emergency and acute medical care not available on island require the referring physician to submit to Medicaid's a written request including a detailed description of the patient's health problems, treatment recommendations and the reasons for referral. Patients must provide their medical records as needed for complete medical evaluation for acceptance by the accepting provider. The off-island medical treatment request shall be reviewed and approved by the American Samoa Medicaid Agency pursuant to its policies and procedures for off-island referral.
5. Diagnostic disease prevention referral services are done directly by the Medicaid State Agency pursuant to Medicaid's standard operating procedures for such referrals, and are

TN No: 24-0001
Supersedes: 19-002

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6. limited to persons determined at-risk for serious medical conditions based upon medical necessity and health survey results.
7. All referrals must be accepted by the receiving providers to be eligible for approval by Medicaid.

TN No: 24-0001
Supersedes: 19-002

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Effective Date: 01/01/2024

American Samoa utilizes its waiver authority under Section 1902(j) of the Social Security Act to suspend the delivery of services for Personal Care Services of the State Plan. The suspension will sunset on 9-30-2024 and services will reinstate on 10/1/2024 and the state plan will revert to the previously approved language.

26. Personal Care Services

1. Personal Care Services are services provided to individuals who require assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL).
2. Using the flexibility authorized by Section 1902(j) of the Social Security Act, Personal Care Services will be limited to eligible beneficiaries residing at qualified Medicaid Authorized Long-Term Care and Support Services (LTCSS) facilities. Services will be furnished by the LTCSS facility.
3. Under Section 1905(a)(24) of the Social Security Act, Personal Care Services shall not be provided to individuals who are inpatients or residents of a hospital, nursing facility, intermediate care facility for developmentally disabled, or institution for mental disease. Additionally, personal care services must not be provided in other living arrangement which includes personal care as a reimbursed service under the Medicaid program.
4. Personal care services are authorized for the individual by a physician in accordance with a plan of treatment or (at the option of the state) otherwise authorized for the individual in accordance with a services plan approved by the state.

A. Provider Qualifications

A qualified Personal Care Services provider is a Medicaid authorized Long-Term Care and Support Services facility which meets the following requirements:

1. In accordance with CFR 440.167(a), personal care services are provided by an individual who is qualified to provide such services and who is not a member of the individual's family.
2. Personal Care Aides must have 120 hours of practical training under the supervision of a registered nurse or under an approved Certified Nursing Aide Program.
3. All Personal Care Aides must have criminal background checks.
4. Personal Care Aid (PCA) staff are at least 18 years of age.
5. Healthcare professional staff are licensed by the Department of Health Regulatory Service Board.
6. LTCSS facilities shall comply with Medicaid program policies and procedures.
7. Approved for participation as a Personal Care Services Provider by the American Samoa Medicaid Program.

B. Benefits Limitations

1. Covered Services

TN No: 24-0001
Supersedes: 20-001

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