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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

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

March 24, 2025

Louise Kuaea
Medicaid Director
American Samoa Medicaid State Agency
American Samoa Government
ASTCA Executive Bldg., 3rd Floor
Pago Pago, AS 96799

Re: American Samoa State Plan Amendment (SPA) 24-0002

Dear Ms. Kuaea:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0002. This amendment adds orthodontic services to the Early Periodic Screening, Diagnostics and Treatment (ESPD) benefit for patients under age 21.

CMS conducted our review of your submittal according to statutory requirements in 1905(a)(10) of Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.100. This letter informs you that American Samoa's Medicaid SPA TN 24-0002 was approved on March 21, 2025, effective October 1, 2024.

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

If you have any questions, please contact Maria Garza at (206) 615-2542 or via email at maria.garza@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Faiilagi Poufa-Faiiai, Deputy Director
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 2

2. STATE

A S3. 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

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

TITLE XIX OF THE SOCIAL SECURITY ACT ^{1905(a)(10) and}
^{42CFR 440.100}

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 250,000b. FFY 2025 \$ 250,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

SECTION 3 - ATTACHMENT 3.1-A
pages: 4 & 5SECTION 4.19B page:20
21 (NEW)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Section 3-Attachment 3.1-A, pages 4 & 5

9. SUBJECT OF AMENDMENT

SECTION 3.1-A: ADDING ORTHODONTIC SERVICES
SECTION 4.19B: PAYMENT METHOD

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

SANDRA KING YOUNG

13. TITLE

MEDICAID DIRECTOR

14. DATE SUBMITTED

DECEMBER 27, 2024

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

December 27, 2024

17. DATE APPROVED

March 21, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

1/7/24 P&I changes authorized to Boxes 5,7,8 - AS to submit values to BOX 6 regarding fiscal impact,
3/3/25 P&I change authorized to replace page 20 with page 21 in Box 7

1. Provider Eligibility Requirements

To qualify for participating as a laboratory under American Samoa Medicaid Program, the following requirements must be met:

- a. Approved and licensed as a laboratory by appropriate authority and the Territory of American Samoa; and
- b. Certified as a laboratory under the Title XVIII Medicare Program

2. Benefit Limitations

a. Covered Services

Laboratory procedures ordered by a physician.

b. Not Covered Services

Services that are not medically necessary as determined by the patient's physician.

4.a. **Skilled Nursing Facility** – Not provided

4.b. **Early Periodic Screening, Diagnostic and Treatment (EPSDT)**

Early and Periodic Screening, Diagnostic and Treatment services are screening and diagnostic services to determine physical or mental defects in patients under age 21 and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered. All medically necessary services are provided to individuals under the age of 21.

A. Provider Eligibility Requirements

To provide early periodic screening, diagnosis and treatment services, the following are qualified:

- (a) All practitioners, physicians, dentists, audiologists, and optometrists licensed by the American Samoa Health Service Regulatory Board.
- (b) Independent clinics and hospitals that have executed a signed agreement with the Medicaid Program.

B. Benefits Limitations

1. Covered Services

- a. Screening Examination

- b. Immunization at the screening
- c. Refractive eye examination and eyeglass prescription by an ophthalmologies or optometrist once every two years or can be exceeded based on medical necessity.
- d. Hearing test and hearing aid.
- e. Medically necessary dental services to include diagnostic casts, preventive services, restorative services, orthodontic, endodontics, periodontic, prosthodontics, oral, and adjunctive general services.

2. Not Covered Services

Screening of persons twenty-one (21) years old and over.

4.c ***Family Planning Services*** – Not provided

5. **Physician Services**

Physician services are services furnished by a physician within the scope of practice of medicine or osteopathy as defined by State law and by or under the personal supervision of an individual licensed under State law to practice medicine or osteopathy. These services may be provided in the patient's home, physician's office, a hospital, or elsewhere.

A. Provider Eligibility Requirements

To participate as a provider in the Medicaid program, a physician must be licensed to practice medicine and surgery in the Territory by American Samoa Health Regulatory Board.

B. Benefits Limitations

1. Covered Services

- a. Services within a physician's scope of practice under territory law.

2. Not Covered Services

- a) Cosmetic Surgery

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

1. Dental Services

- a. Payment is made for services described in Attachment 3.1-A
- b. Except as otherwise noted in the plan, state-developed fee schedule rates are for private providers of dental services. The agency reimburses for services with the dental fee schedule in effect at the time of service. The fee schedule is available on the American Samoa Medicaid State Agency website, under provider services.
- c. No payment is made for services beyond the scope of the program or unit of services exceeding Medicaid's authorization.
- d. Payment of orthodontic services must be completed by the date an eligible individual turns 21 years.