

## **Table of Contents**

**State/Territory Name: AS**

**State Plan Amendment (SPA) #: 24-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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

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March 13, 2025

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

Re: American Samoa State Plan Amendment (SPA) 24-0003

Dear Director Kuaea:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0003. This amendment proposes to add on and off-island outpatient dialysis services to within dialysis clinics and Free standing ESRD clinics. Additionally, this amendment makes technical edits to dental services in the state plan.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.90 and 42 CFR 440.100. This letter is to inform you that American Samoa's Medicaid SPA Transmittal Number 24-0003 was approved on March 13, 2025, with an effective date of October 1, 2024.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Scott", is placed over a digital signature line.

Digitally signed by James  
G. Scott -S  
Date: 2025.03.13 13:16:01  
-05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

CC:

Faiilagi Poufa-Faiiai, Deputy Director, @ [faiilagi.faiiai@medicaid.as.gov](mailto:faiilagi.faiiai@medicaid.as.gov)  
Matilda Kruse, @ [matilda.kruse@medicaid.as.gov](mailto:matilda.kruse@medicaid.as.gov)

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 3

2. STATE

A S3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT ☒ XIX ☐ XXITO: 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 **P&I 1905(a)(9) & 1905(a)**  
TITLE XIX OF THE SOCIAL SECURITY ACT (10 and 42 CFR440.90 &  
42CFR440.100

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: 8 & 8a8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Section 3-Attachment 3.1-A, pages 8 &amp; 8a

SECTION 4.19B  
page: ~~19~~ **20**  
(NEW)

9. SUBJECT OF AMENDMENT

SECTION 3.1-A: ADDING page 8a to include outpatient dialysis SECTION 4.19B: PAYMENT METHOD

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

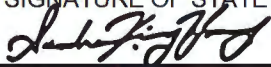


NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL




OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
SANDRA KING YOUNG13. TITLE  
MEDICAID DIRECTOR14. DATE SUBMITTED  
DECEMBER 27, 2024

15. RETURN TO

**FOR CMS USE ONLY**16. DATE RECEIVED  
December 27, 202417. DATE APPROVED  
March 13, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
October 1, 202419. SIGNATURE OF APPROVING OFFICIAL  
  
Digitally signed by James G. Scott -S  
Date: 2025.03.13 13:16:52 -05'00'20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott21. TITLE OF APPROVING OFFICIAL  
Director for the Division of Program Operations

22. REMARKS

1/7/24 P&amp;I changes authorized for Boxes 5, 6, 7, 8 to reflect the changes in the submission - AS to submit addl P&amp;I to BOX 3 and BOX 10 to make elections in these sections, email sent to Acting Director 1/17/24.

2/19/25 P&amp;I change to add correction to page 19 to page 20

3/5/25 P&amp;I authorized to Box 5 to add citation for dental services, Attachment 3.1-A, page 8a



B. Benefits Limitations

No limitations

9. **Clinic Services**

Clinic services are preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by the facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. These services are provided under the direction of a physician or dentist. Clinic services include the following services provided to outpatients.

- a. Services furnished at a clinic by or under the direction of a physician or dentist.
- b. Services furnished outside the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address

A. Provider Eligibility Requirements

Each clinic must be individually approved by the American Samoa Health Regulatory Board and the Medicaid Program.

B. Benefits Limitations

Approved clinics may, to the extent of their specialty, provide only medically necessary services which are covered under this Medicaid plan.

9.a. **Dialysis Clinics**

The following dialysis services are covered.

1. Hemodialysis and peritoneal dialysis support services are covered on-island when they are provided by a Medicaid enrolled certified free-standing ESRD facility.
2. Dialysis is covered for patients referred and approved by the Medicaid State Agency through the off-island medical referral program.

A. Provider Eligibility

- a. Approval for participation as a provider by the American Samoa Medicaid State Agency.
- b. Certified to operate as a dialysis center or free-standing facility under Title XVIII of the Medicare Program.

10. **Dental Services**

Diagnostic, preventative and corrective procedures will be provided by or under the supervision of a dentist in the practice of his profession who is licensed to practice dentistry or dental surgery.

A. Provider Eligibility Requirements

Any dentist who is licensed to practice in American Samoa, agrees to abide by the policies, regulations, and procedures as promulgated by the American Samoa Program, and signs a provider agreement, is eligible to participate in the dental care aspects of the American Samoa Medicaid Program.

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

***(a) Dialysis Services***

- (1) Payments rates based on the Medicare CMS Prospective Payment System rates at the time of service(s).
- (2) Coinsurance and copayments for dialysis services shall be covered pursuant to Section 3.2 and Supplement 1 of Attachment 4.19-B.
- (3) 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