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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 25-0002

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

January 28, 2026

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) 25-0002

Dear Director Kuaea:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002. This amendment invokes 1902(j) waiver authority to exempt American Samoa from the mandatory medication-assisted treatment (MAT) for opioid use disorders (OUD) benefit requirements under 1905(a)(29) of the Social Security Act.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that American Samoa's Medicaid SPA Transmittal Number 25-0002 was approved on January 27, 2026, with an effective date of October 1, 2025.

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 Maria Garza at (206) 615-2542 or via email at Maria.Garza@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras
Acting Director, Division of Program Operations

Enclosures

cc: Austin Asiata, Deputy Director at austin.asiata@medicaid.as.gov
Matilda Kruse, Program Integrity Division Head at matilda.kruse@medicaid.as.gov

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 2

2. STATE

A S

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT ☒ XIX ☐ XXI

4. PROPOSED EFFECTIVE DATE

10/01/2025TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(29) and 1902(j)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, Page 18
Supplement 1 to Attachment 3.1-A, Pages 1-4

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 0b. FFY 2027 \$ 08. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

AS formally elects to apply 1902(j) waiver authority to exempt territory from the requirements under Section 1905(a)(29) of the Act.

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
Louise Kuaea13. TITLE
Medicaid Director14. DATE SUBMITTED
12/19/2025

15. RETURN TO

FOR CMS USE ONLY16. DATE RECEIVED
December 19, 202517. DATE APPROVED
January 27, 2026**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 202519. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

State Plan under Title XIX of the Social Security Act

State/Territory: American Samoa

Section 1905(a)(29) Medication Assisted Treatment (MAT)

Citation: Attachment 3.1-A Amount, Duration, and Scope of Services

[Please check the box below to indicate if this benefit is provided for the categorically needy (3.1-A) or medically needy only (3.1-B)]

☒ 1905(a)(29) MAT as described and limited in Supplement 1 to Attachment 3.1-A.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(29) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #68). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0002
Supersedes TN: NEW

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State Plan under Title XIX of the Social Security Act
State/Territory: American Samoa

Section 1905(a)(29) Medication Assisted Treatment (MAT)

General Assurances

[Select all three checkboxes below.]

- ☐ MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020.
- ☐ The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- ☐ The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.

Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT: **[Please describe in the text fields as indicated below.]**

Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

Consistent with the authority described at section 1902(j) of the Social Security Act (the Act), the requirement for American Samoa to comply with the requirements of section 1905(a)(29) of the Act is waived.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include each practitioner and provider entity that furnishes each service and component service.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

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Section 1905(a)(29) Medication Assisted Treatment (MAT)

Utilization Controls

[Select all applicable checkboxes below.]

- ☐ The state has drug utilization controls in place. (Check each of the following that apply)
- ☐ Generic first policy
 - ☐ Preferred drug lists
 - ☐ Clinical criteria
 - ☐ Quantity limits
- ☐ The state does not have drug utilization controls in place.

Limitations

Consistent with the authority described at section 1902(j) of the Social Security Act (the Act), the requirement for American Samoa to comply with the requirements of section 1905(a)(29) of the Act is waived.

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