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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 26-0001

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

June 1, 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) 26-0001

Dear Director Kuaea:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0001. This amendment adds licensed practitioners to provide behavioral health services.

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 26-0001 was approved on June 1, 2026, with an effective date of January 1, 2026.

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,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Austin Asiata, Deputy Director
Matilda Kruse, Program Integrity Division Head

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 6 — 0 0 0 1	2. STATE AS
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE JANUARY 1, 2026	
5. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(6) of The Act and 42 CFR 440.60	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>200,000</u> b. FFY <u>2027</u> \$ <u>200,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT SECTION III, ATTACHMENT 3.1-A page 6.1 (P&I) SECTION IV, ATTACHMENT 4.19-B page 22 (P&I)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW NEW	

(P&I)

9. SUBJECT OF AMENDMENT
TO INCLUDE OTHER LICENSED PRACTITIONERS WHO PROVIDE BEHAVIORAL HEALTH SERVICES

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NOT RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. TYPED NAME LOUISE L. KUAEA 13. TITLE MEDICAID DIRECTOR 14. DATE SUBMITTED 03/30/2026	15. RETURN TO AMERICAN SAMOA MEDICAID STATE AGENCY P.O BOX 6101 ASTCA BUILDING, SUITE 306 PAGO PAGO, AMERICAN SAMOA 96799
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FOR CMS USE ONLY	
16. DATE RECEIVED March 30, 2026	17. DATE APPROVED June 1, 2026
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2026	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

4.6.26 American Samoa authorizes P&I change to add page numbers to the attachments in BOX 7- officially added in 3/30/26 revision

5.29.26 Amercian Samoa authorized to remove in BOX 7 - Section III and Section IV from the state plan section submitted to only reflect Attachment 3.1-A, page 6.1 and Attachment 4.19-B, page 22

6) Medical or Other Remedial Care provided by licensed practitioners (continued)

- d. Other Licensed Practitioners (continued)
- Services of a licensed clinical social worker (LCSW) and licensed social worker within their scope of practice according to state/territory law.
 - Services of a certified community health worker under the supervision of an LCSW, clinical psychologist, or LMFT for the provision of behavioral health services permitted within their scope of practice.
 - Services of licensed professional counselors under the supervision of an LCSW or LMFT for the provision of behavioral health services permitted within their scope of practice.

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

Reimbursement for Other Licensed Practitioners' Services: Licensed Clinical Psychologist, Licensed Clinical Social Workers, Licensed Social Workers, Licensed Professional Counselors and Licensed Marriage and Family Therapists.

- a. Payment is made for services described in Attachment 3.1A
- b. Except as otherwise noted in the plan, state-developed fee schedule rates as are for Other Licensed Practitioners, Licensed Clinical Psychologists, Licensed Clinical Social Workers, Licensed Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists. The agency reimburses for services with the Behavioral Health Services Fee Schedule in effect at the time of service. The geographically adjusted Medicare rates, fee schedule is available on the American Samoa 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.