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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 26-0003

This file contains the following documents in the order listed:

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

August 19, 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) 26-0003

Dear Director Kuaea:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0003. This amendment proposes to allow Personal Care Services to be furnished in home and adult daycare settings and elects to use the 1902(j) authority to waive the electronic visit verification (EVV) requirement.

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 TN 26-0003 was approved on August 19, 2026, with an effective date of April 1, 2026.

Additionally, based on our review, CMS must determine if American Samoa is required to comply with Section 12006(a) of the 21st Century Cures Act (the Cures Act) for electronic visit verification requirements for personal care services. CMS is submitting a companion letter with this approval to address an unresolved EVV issue, including a timeframe for formal response and guidance.

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,

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Austin Asiata
Matilda Kruse

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Centers for Medicare & Medicaid
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August 19, 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) 26-0003

Dear Director Kuaea:

We are issuing this letter as a companion to the Centers for Medicare & Medicaid Services'(CMS) approval of American Samoa's State Plan Amendment (SPA) 26-0003. American Samoa's SPA proposes to allow Personal Care Services to be furnished in home and adult daycare settings and elects to use the 1902(j) authority to waive the electronic visit verification requirement. During our review of 26-0003, we identified an issue with American Samoa's current state plan, which are the subject of this letter.

Electronic Visit Verification:

Based on that review, it was found that CMS must determine if American Samoa will need to comply with Section 12006(a) of the 21st Century Cures Act (the Cures Act) which requires states and territories to implement electronic visit verification (EVV) for all Medicaid-funded Personal Care Services (PCS) that require an in-home visit by a provider. To make this determination, CMS requires all states and territories to complete the attached EVV Compliance Survey. If American Samoa intends to request to use the 1902(j) authority to not implement the EVV requirement for PCS services, please submit the request with the submission of the EVV Compliance Survey. Please submit the completed forms to the CMS EVV mailbox at evv@cms.hhs.gov .

Please finalize the state's survey submission within 90 days from the date of this letter in order for CMS to execute a thorough review and render a final determination regarding the level of compliance with the applicable personal care authorities. During the 90-day period, we are happy to provide any technical assistance that you need.

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

Sincerely,

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Austin Asiata

Electronic Visit Verification (EVV) Personal Care Services (PCS) Survey

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The Valid OMB control number for this information collection is 0938-1360 (Expires: September 30, 2025). This information collection is mandatory for states to complete in order to demonstrate compliance with section 1903(l) of the Social Security Act. States that are otherwise fully compliant with the requirements may experience Federal Medical Assistance Percentage (FMAP) reductions per section 1903(l)(1) of the Social Security Act if they do not complete this information collection. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. The time required to complete the information collection is estimated to average 13-150 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Office, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

EVV PCS Survey

State:

Submitted on:

Please select the answer that best applies to your State's current EVV implementation status for Authorities 1905(a)(24), 1915(c), 1915(i), 1915(j),1915(k), and 1115 Demonstration for Personal Care Services (PCS). My State has implemented EVV for _____ authorities within my State specified in 21st century Cures Act.

- ☐ All
- ☐ Some
- ☐ Zero (none)

Has your State submitted an Advance Planning Document (APD)?

- ☐ Yes
- ☐ No

Has the APD been approved?

- ☐ Yes
- ☐ No

Please indicate the approval date of the APD.

Please indicate the CMS certification date of the EVV System.

Is EVV implemented for Authority 1905(a)(24)?

- ☐ **Yes** - My State has implemented EVV for this Authority.
- ☐ **No** - My State delivers PCS under this authority and is required to become compliant with the 21st Century Cures Act
- ☐ **N/A** - My State does not have a waiver with this authority that includes PCS and therefore does not need to address this section.

Please indicate the implementation date for Authority 1905(a)(24).

Please select your State's EVV model for Authority 1905(a)(24). Select more than one if necessary.

- ☐ Open Vendor
- ☐ State Mandated External Vendor
- ☐ State Mandated Internal Vendor
- ☐ Provider Choice
- ☐ MCO Choice
- ☐ Other

Is EVV implemented for Authority 1915(c)?

- ☐ **Yes** - My State has implemented EVV for this Authority.
- ☐ **No** - My State delivers PCS under this authority and is required to become compliant with the 21st Century Cures Act.
- ☐ **N/A** - My State does not have a waiver with this authority that includes PCS and therefore does not need to address this section.

Please indicate the implementation date for Authority 1915(c).

Please select your State's EVV model for Authority 1915(c). Select more than one if necessary.

- ☐ Open Vendor
- ☐ State Mandated External Vendor
- ☐ State Mandated Internal Vendor
- ☐ Provider Choice
- ☐ MCO Choice
- ☐ Other

Is EVV implemented for Authority 1915(i)?

- ☐ **Yes** - My State has implemented EVV for this Authority.
- ☐ **No** - My State delivers PCS under this authority and is required to become compliant with the 21st Century Cures Act.
- ☐ **N/A** - My State does not have a waiver with this authority that includes PCS and therefore does not need to address this section.

Please indicate the implementation date for Authority 1915(i).

Please select your State's EVV model for Authority 1915(i). Select more than one if necessary.

- ☐ Open Vendor
- ☐ State Mandated External Vendor
- ☐ State Mandated Internal Vendor
- ☐ Provider Choice
- ☐ MCO Choice
- ☐ Other

Is EVV implemented for Authority 1915(j)?

- ☐ **Yes** - My State has implemented EVV for this Authority.
- ☐ **No** - My State delivers PCS under this authority and is required to become compliant with the 21st Century Cures Act.
- ☐ **N/A** - My State does not have a waiver with this authority that includes PCS and therefore does not need to address this section.

Please indicate the implementation date for Authority 1915(j).

Please select your State's EVV model for Authority 1915(j). Select more than one if necessary.

- ☐ Open Vendor
- ☐ State Mandated External Vendor
- ☐ State Mandated Internal Vendor
- ☐ Provider Choice
- ☐ MCO Choice
- ☐ Other

Is EVV implemented for Authority 1915(k)?

- ☐ **Yes** - My State has implemented EVV for this Authority.
- ☐ **No** - My State delivers PCS under this authority and is required to become compliant with the 21st Century Cures Act.
- ☐ **N/A** - My State does not have a waiver with this authority that includes PCS and therefore does not need to address this section.

Please indicate the implementation date for Authority 1915(k).

Please select your State's EVV model for Authority 1915(k). Select more than one if necessary.

- ☐ Open Vendor
- ☐ State Mandated External Vendor
- ☐ State Mandated Internal Vendor
- ☐ Provider Choice
- ☐ MCO Choice
- ☐ Other

Is EVV implemented for Authority 1115 Demonstration?

- ☐ **Yes** - My State has implemented EVV for this Authority.
- ☐ **No** - My State delivers PCS under this authority and is required to become compliant with the 21st Century Cures Act.
- ☐ **N/A** - My State does not have a waiver with this authority that includes PCS and therefore does not need to address this section.

Please indicate the implementation date for Authority 1115 Demonstration.

Please select your State's EVV model for Authority 1115 Demonstration. Select more than one if necessary.

- ☐ Open Vendor
- ☐ State Mandated External Vendor
- ☐ State Mandated Internal Vendor
- ☐ Provider Choice
- ☐ MCO Choice
- ☐ Other

Is EVV implemented for another Authority that has not yet been listed?

- ☐ **Yes** - My State has implemented EVV for this Authority.
- ☐ **No** - My State delivers PCS under this authority and is required to become compliant with the 21st Century Cures Act.
- ☐ **N/A** - My State does not have a waiver with this authority that includes PCS and therefore does not need to address this section.

Please provide a brief description of your State's EVV system.

Pursuant to Section 12006(a)(2)(A)(i), of the 21st Century Cures Act, please describe how the state has ensured that its EVV system is minimally burdensome. Description of how the state ensured that its EVV system is minimally burdensome. *Description of how the state ensured that its EVV system is minimally burdensome.*

Pursuant to Section 12006(a)(2)(B) of the 21st Century Cures Act, please describe how your state took into account a stakeholder process that included input from beneficiaries, family caregivers, individuals who furnish personal care services, and other stakeholders when designing its EVV system. Please note that the statute does not require states that had a compliant EVV system in place prior to enactment of the 21st Century Cures Act to seek stakeholder input and they therefore will not be required to answer this question. *Description of how the state took stakeholder process into account for EVV design.*

Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not limit personal care services provider selection.

Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not constrain beneficiaries' selection of a caregiver.

Pursuant to Section 12006(c)(3) of the 21st Century Cures Act, please describe how your state has ensured that its EVV system does not impede the manner in which care is delivered.

Pursuant to Section 12006(a)(2)(A)(iii) of the 21st Century Cures Act, please describe how the state has ensured that the EVV system is conducted in accordance with the requirements of HIPAA privacy and security law (as defined in section 3009 of the Public Health Service Act). *Description of how the state ensured the EVV system is in accordance with HIPAA privacy and security law requirements.*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0003

2. STATE: AS

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
04/01/2026

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.167, 1902(j) 1903(I) of Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 81200
b. FFY 2027 $ 183000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, ~~Pages 16-17~~ (P&I) pages 17 and 17a (new)
Attachment 4.19-B, Page 18

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, Pages ~~16-17~~ (P&I pages 17
Attachment 4.19-B, Page 18

9. SUBJECT OF AMENDMENT Expands services beyond LTCSS facilities, reimburse personal Care Aide services at the adult day care and home settings and to formally elect to apply the 1902(j) authority to EVV requirements. (P&I)

~~To expand and reimburse personal care aide services at the adult day care & home setting and to formally elect to apply the 1902(~~

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 Kuaea

13. TITLE
Medicaid Director

14. DATE SUBMITTED
06/30/2026

15. RETURN TO
American Samoa Medicaid State Agency
P.O. Box 6101
Alofa Medical Plaza Suite 201
Pago Pago, AS 96799

FOR CMS USE ONLY

16. DATE RECEIVED
June 30, 2026

17. DATE APPROVED
August 19, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

7/21/26 Samoa authorizes P&I change to BOX 7 & BOX 8 to reflective Attachment 3.1-A, pages as 17 & 17a for personal care services and update to subject of amendment in BOX 9 to reflect the intent of submission for personal care services, 1902 authority for EVV exemption.

Instructions on Back

26. ***Personal Care Aide Services***

1. Personal Care Aide Services are services provided to individuals who require assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL).

2. Under Section 1905(a)(24) of the Social Security Act, Personal Care Aide 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 Aide Services shall not be provided in other living arrangement which includes personal care as a reimbursed service under the Medicaid program.

3. Pursuant to 42 CFR 440.167, Personal Care Aide Services shall be provided by an individual who is qualified to provide such services and who is not a member of the individual's family. "Family member" is defined as a legally responsible relative, In accordance with applicable Medicaid requirements and approved service plans.

4. Personal Care Aide Services are authorized for the individual by a physician in accordance with a plan of treatment or (at the option of the State) otherwise for the individual in accordance with a service plan approved by the State.

5. 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 1903(i) is waived.

A. Provider Eligibility Requirements

A qualified Personal Care Aide Services Provider meets the following requirements:

1. In accordance with CFR 440.167(a), Personal Care Aide 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 25 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 Aide (PCA) staff are at least 18 years of age.
5. Healthcare professional staff are licensed by the Department of Health Regulatory Service Board.
6. Personal Care Aides shall comply with Medicaid program policies and procedures.
7. Approval for participation as a Personal Care Aide Services Provider by the American Samoa Medicaid Program

B. Benefits Limitations

1. Covered Services

a. In order to be eligible for Medicaid reimbursement, PCA ADL services shall include, but not limited to, the following:
    i. Cueing or hands-on assistance with performance of routine activities of daily living (such as, bathing, transferring, toileting, dressing and feeding)
    ii. Assisting in incontinence, including bed pan use, changing urinary drainage bags, changing protective underwear, and monitoring urine input and output;
    iii. Assisting with persons with transfer, ambulance and range of motion exercises.
b. PCA services are provided to individuals who require assistance with instrumental activities of daily living (IADL).
c. In order to be eligible for Medicaid reimbursement, PCA IADL services shall include, but not limited to, the following:
    i. Personal hygiene, light housework, laundry, meal preparation, grocery shopping, using the telephone, medication management, and money management.

2. Not Covered Services

a. Medical Social Services
b. Speech and occupation therapy
c. Chore services
d. Room and Board at LTCSS facility

METHODS & STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

(a) Personal Care Aide Services

(1) Payment for adult day services are reimbursed at a daily fixed per diem rate of $60.00. All providers will submit monthly claims to Medicaid for Personal Care Aide services. Effective date for the fixed per diem rate for these PCA services is April 1, 2026.

(2) Payment for Personal Care Aide Services at the residential or home setting are reimbursed at a daily fixed per diem rate of $120.00. All providers will submit monthly claims to Medicaid for Personal Care Aide Services. Effective date for the fixed per diem rate for these PCA services is April 1, 2026.

(3) No payment is made for services beyond the scope of the program or unit of services exceeding Medicaid's authorization. Payments to providers are for Personal Care Aide services only, and do not include room and board services that are provided. Payment is made for services described in Attachment 3.1-A.