

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

October 27, 2021

Sandra King Young, Director
American Samoa Medicaid Agency
P.O. Box 998383 Office of the Governor
American Samoa Government
Pago Pago, American Samoa 96799

Re: American Samoa State Plan Amendment (SPA) 20-0001

Dear Ms. Young:


Enclosed is a corrected approval package for AS 20-0001. The package previously forwarded to AS contained incorrect SPA transmittal numbers in the footer of the Attachment 3.1 A pages. This SPA adds Personal Care Services to Attachment 3.1-A, and a corresponding payment methodology for the service to Attachment 4.19-B. The SPA was approved March 23, 2021, with an effective date of October 1, 2020.

The corrected package includes a copy of the CMS-179 form, as well as the approved pages for incorporation into the American Samoa State Plan:

- Attachment 3.1-A pages 16-17 (corrected TN footer)
- Attachment 4.19-B page 18

We regret any inconvenience that this may have caused. If you have any questions, please contact American Samoa State Lead Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

 Digitally signed by James G. Scott
Date: 2021.10.27 10:52:46 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 0 — 0 0 1	2. STATE American Samoa
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/2020
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(24), 42 CFR § 431.56(a), 42 CFR § 440.167	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ \$315,000 b. FFY 2022 \$ \$315,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A - Page 16-17, Attachment 4.19-B - Page 18	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) New
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10. SUBJECT OF AMENDMENT

To add Personal Care Services to the American Samoa Medicaid State Plan

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Sandra King Young, Director American Samoa Medicaid Agency P.O. Box 6101 Office of the Governor American Samoa Government Pago Pago, American Samoa 96799
13. TYPED NAME Sandra King Young	
14. TITLE Medicaid Director	
15. DATE SUBMITTED 12/30/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 12/30/2020	18. DATE APPROVED March 23, 2021
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2020	20. SIGNATURE OF OFFICIAL  OFFICIAL Digitally signed by James G. Scott -S Date: 2021.03.23 10:51:24 -05'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

Pen & ink changes authorized via email 3/18/2021 to Box 5 to correct this is an amendment and to Box 9 to clarify the submission does not supersede any existing state plan section or attachment.

26. **Personal Care Services**

1. Personal Care Services are services provided to individuals who require assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL).
2. Using the flexibility authorized by Section 1902(j) of the Social Security Act, Personal Care Services will be limited to eligible beneficiaries residing at qualified Medicaid Authorized Long-Term Care and Support Services (LTCSS) facilities. Services will be furnished by the LTCSS facility.
3. Under Section 1905(a)(24) of the Social Security Act, Personal Care 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 services must not be provided in other living arrangement which includes personal care as a reimbursed service under the Medicaid program.
4. Personal care services are authorized for the individual by a physician in accordance with a plan of treatment or (at the option of the state) otherwise authorized for the individual in accordance with a services plan approved by the state.

A. **Provider Qualifications**

A qualified Personal Care Services provider is a Medicaid authorized Long-Term Care and Support Services facility which meets the following requirements:

1. In accordance with CFR 440.167(a), personal care 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 120 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. LTCSS facilities shall comply with Medicaid program policies and procedures.
7. Approved for participation as a Personal Care Services Provider by the American Samoa Medicaid Program

B. **Benefits Limitations**

1. Covered Services

TN#: <u>20-001</u>	Approval Date: <u>03/23/2021</u>
Supersedes TN#: <u>NEW</u>	Effective Date: <u>10/01/2020</u>

- 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 include 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, audiological 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 such services are reimbursed at a daily fixed per diem rate of \$66.00. All providers will submit monthly claims to Medicaid for personal care services. Effective date for the fixed per diem rate for PCA services is October 1, 2020.
- (2) No payment is made for services beyond the scope of the program or unit of services exceeding Medicaid's authorization. Payments to residential providers are for personal care services only, and do not include room and board services that are provided. Payment is made for services described in Attachment 3.1-A.