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**SECTION I**

**SINGLE  
STATE AGENCY**



DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services

Region IX  
Division of Medicaid & Children's Health Operations  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706

NOV 02 2011

Antere'a Puleasi  
Medicaid Program Director  
L.B.J. Tropical Medical Center  
Pago Pago, American Samoa 96799

Dear Mr. Puleasi:

I am writing to inform you that American Samoa's State Plan Amendment (SPA) No. 11-002 has been approved. This SPA was submitted to my office on September 16, 2011, and transitions the American Samoa Medicaid Single State Agency from the LBJ Tropical Medical Center to the Office of the Governor. This transition is done in accordance with the provisions of 42 CFR 431.10-431.12. The approval is effective October 1, 2011 as requested.

Attached are copies of the new State Plan pages to be incorporated within your approved State plan:

- **Section 1-1.4**, Single State Agency Organization
- **Attachment 1.1-A**, Attorney General Certification
- **Attachment 1.2-A**, Description of Functions of the State Medicaid Agency and Organizational Chart
- **Attachment 1.2-B**, Functions and Organizational Chart of Medical Assistance Unit
- **Attachment 1.2-C**, Description of the Kinds and Numbers of Professional Medical Personnel and Supporting Staff Used in the Administration of the Plan

If you have any questions, please contact Tom Schenck at (415) 744-3589, or [tom.schenck@cms.hhs.gov](mailto:tom.schenck@cms.hhs.gov).

Sincerely,

Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Mary Rydell, CMS Pacific Area Representative

Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193



**U.S. Territory of American Samoa**  
*Medicaid State Agency*

**State Plan Amendment**

**Section I**

**September, 2011**

TN N. 11-002  
Supersedes  
TN No. 83-001

Approval Date NOV 02 2011 Effective Date: October 1, 2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
11-002

2. STATE  
American Samoa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2011

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:  
Revisions to State Plan Section I under title XIX of the  
Social Security Act, 42 CFR part 340.

7. FEDERAL BUDGET IMPACT:  
a. FFY: 2011 \$0  
b. FFY : 2012 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

Section 1-1.4 , pages 4-18

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

~~IN-87-004~~ Section 1-1.3, pages 1-6

10. SUBJECT OF AMENDMENT:

To update section I of the Plan to include the changes to the Agency and Medical Assistance Unit (Medicaid Office)  
as promulgated in the Executive Order No. 006-2011.

11. 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:

*Faoa A. Sunia*  
Faoa A. Sunia, Lt. Governor

12. SIGNATURE OF STATE AGENCY OFFICIAL:

*Niutoa Andy Puleasi*

13. TYPED NAME:  
Niutoa Andy Puleasi

14. TITLE:  
Medicaid Program Director

15. DATE SUBMITTED:  
September 16, 2011

16. RETURN TO:

Niutoa Andy Puleasi  
Medicaid Program Director  
P.O. Box LBJ  
LBJ Tropical Medical Center  
American Samoa 96799

17. DATE RECEIVED: September 16, 2011

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

NOV 02 2011

19. EFFECTIVE DATE OF APPROVED MATERIAL:

PLAN APPROVED 2 ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

*Gloria Nagle*

21. TYPED NAME: Gloria Nagle, Ph.D., MPA

22. TITLE: Associate Regional Administrator

Pen and Ink Change to Box 9

Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

LIST OF AMENDMENTS

No:	Title of Attachments
1.1 -A	Attorney General's Certification (Executive Order)
1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2- A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Eligibility determinations (Not Applicable)

TN N. 11-002  
Supersedes  
TN No. 83-001

Approval Date NOV 02 2011 Effective Date: October 1, 2011

Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State/Territory: American Samoa

Citation      As a condition for receipt of Federal funds under Title XIX  
45 CFR        of the Social Security Act, the  
part 201       Office of the Governor      (Single State Agency)

Submits the following State Plan amendment for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State Plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

HCFA ID: 7982E

Revision                      State:                      American Samoa

TN N. 11-002  
Supersedes  
TN No. 83-001

Approval Date NOV 02 2011 Effective Date: October 1, 2011

Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

Citation        SECTION I: SINGLE STATE AGENCY ORGANIZATION  
12 CFR  
431.10        1.1    Designation and Authority  
AT-79-29

- (a)    The Office of the Governor is the Single State Agency designated to administer or supervise the administration of the Medicaid Program under Title XIX of the Social Security Act. (All references in this plan to "the Medicaid Agency" mean the agency named in this paragraph)

ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State Agency and citing the legal authority under which it administers or supervises administration of the program.

TN N. 11-002

Supersedes

TN No. 83-001

Approval Date NOV 02 2011 Effective Date: October 1, 2011

Revision: HCFA-PM-87-4 (BERC)

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: American Samoa

Citation  
Sec. 1902 (a)  
of the Act

1.1(b) The State Agency that administered or supervised the administration of the Sec. 1902(a) of the Act plan approved under title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that part of this plan which relates to blind individuals.

/ / Yes. The State agency so designated is

This agency has a separate plan covering that portion of the State Plan under title XIX for which it is responsible.

/ X/ Not applicable. The entire plan under title XIX is administered or supervised by the State agency named in paragraph 1.1(a).

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Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State: American Samoa

Citation  
Intergovernmental  
Cooperation Act  
Of 1968

1.1 Waivers of the single State agency  
requirement which are currently  
operative have been granted under  
authority of the Intergovernmental  
Cooperation Act of 1968.

— Yes. ATTACHMENT 1.1-B describes these  
waivers and the approved alternative  
organizational arrangements.

— Not applicable. Waivers are no longer  
in effect.

X \_\_\_ Not applicable. No waivers have  
Ever been granted.

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Supersedes  
TN No. 83-001

Approval Date NOV 02 2011 Effective Date: October 1, 2011

Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State: American Samoa

Citation 1.2 Organization for Administration  
42 CFR The organizational charts on pages 4 & 5 of Section I are updated to  
431.11 reflect the change in Medicaid's Single State Agency.

- (a) ATTACHMENT 1.2-A contains a description of the organization and functions of the Medicaid agency and an organization chart of the agency.
- (b) Within the State agency, the Medicaid Office has been designated as the Medical Assistance Unit. ATTACHMENT 1.2-B contains the functions and an organizational chart of the unit.
- (c) ATTACHMENT 1.2-C contains a description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the plan and their responsibilities.
- (d) Eligibility determinations are made by State or local staff of an agency other than the agency named in paragraph 1.1(a). ATTACHMENT 1.2-D contains a description of the staff designated to functions they will perform.

/X/ Not applicable. Only staff of the agency named in paragraph 1.1(a) makes such determinations.

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OMB No: 0938-0193

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State American Samoa

Citation  
42 CFR  
431.50(b)  
AT-79-29

1.3

Statewide Operation

The plan is in operation on a Statewide Basis in accordance with all requirements of 42 CFR 431.50.

~~-X-~~ The plan is State administered.

— The plan is administered by the political subdivisions of the State and is mandatory on them,

TN N. 11-002  
Supersedes  
TN No. 88-001

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OMB No: 0938-0193

Revision: HCFA-AT-80-38(BPP)  
May 22, 1980

State: American Samoa

1.4 State Medical Care Advisory Committee

Citation  
42 CFR  
431.12(b)  
AT-78-90

There is an advisory committee to the Medicaid Agency Director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

TN N. 11-002  
Supersedes  
TN No. 88-001

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ATTACHMENT 1.1-A

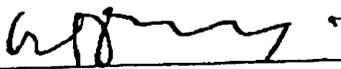
ATTORNEY GENERAL CERTIFICATION:

I certify that:

The Office of the Governor, American Samoa Government, is the single State Agency designated to administer and supervise the administration of the State Plan under Title XIX of the Social Security Act.

The legal authority under which the agency administers and supervises the administration of, the plan on a Territory-wide basis is:

The Executive Order No: 006-2011; Approved and Effective August 23, 2011 (Attached)

  
\_\_\_\_\_  
Signature

Sept 12, 2011  
Date

FEPULEA'I ARTHUR RIPLEY  
ATTORNEY GENERAL OF AMERICAN SAMOA  
\_\_\_\_\_  
Title

TN No 11-002  
Supersedes  
TN No: 83-001

Approval Date NOV 02 2011 Effective Date October 1, 2011

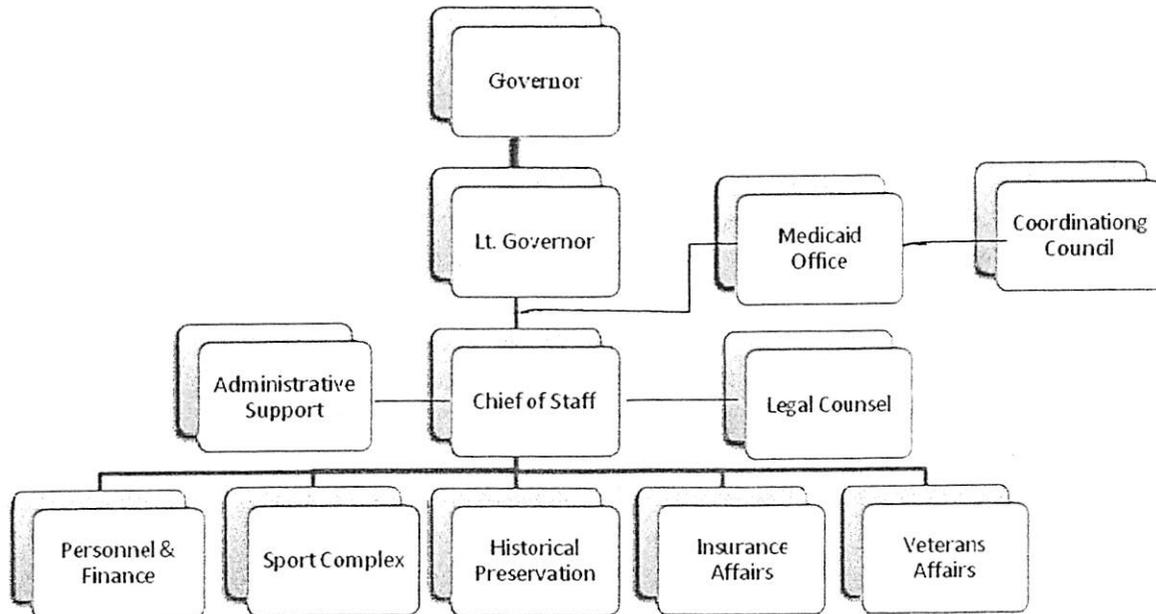
Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

State: American Samoa

Description of Functions of the State Medicaid Agency and Updated Organizational Chart

(Organizational Chart)



TN N. 11-002  
Supersedes  
TN No. 87-004

Approval Date NOV 8 11 Effective Date: October 1, 2011

Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

State: American Samoa

### Description of Functions of the State Medicaid Agency and Organization Chart

The key functions are:

- Administers Medicaid Program and determines what services are offered.
- Establishes Organization of the Medicaid Agency and Medical Assistance Unit Medicaid Office)
- Assures availability of patient services mandated by the State Plan through arrangement with service providers.
- Performs utilization review and assesses quality of care and identifies program abusers
- Makes policy decisions and provides program oversight.
- Medicaid agency maintains an agreement with each on-island and off-island provider furnishing services under the plan, in which the provider agrees to:
  - (a) To keep any record necessary to disclose the extent of service of the provider
  - (b) On request, furnish to the Medicaid Agency or the Secretary, any information regarding payments claimed by the provider for furnishing services under this plan.
  - (c) Maintain the confidentiality of patient information for other than medical or program administrative purposes.
- (d) Not discriminate against any individual seeking services under this plan, on the basis of race, sex, religion, color, national origin or handicap.
- Medicaid Agency assures that it has procedures for identifying providers of service by Social Security number and that it reports information required by Section 6041 of the Internal Revenue Code (26 U.S.C. 6041) regarding the filing of annual information returns showing amounts paid to providers.
- Medicaid Agency assures that it employs methods of administration, acceptable to the Secretary of U.S DHHS, and described in this plan, that are necessary for the proper and efficient operation of the program.
- Medicaid Agency assures that appropriate and accurate collection of patient payments and expenditures of program funds is achieved through a program of budgetary/expenditures and audit controls in place in the agency and its affiliates. In addition, independent financial audits will be conducted on a periodic basis.

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Supersedes  
TN No. 88-001

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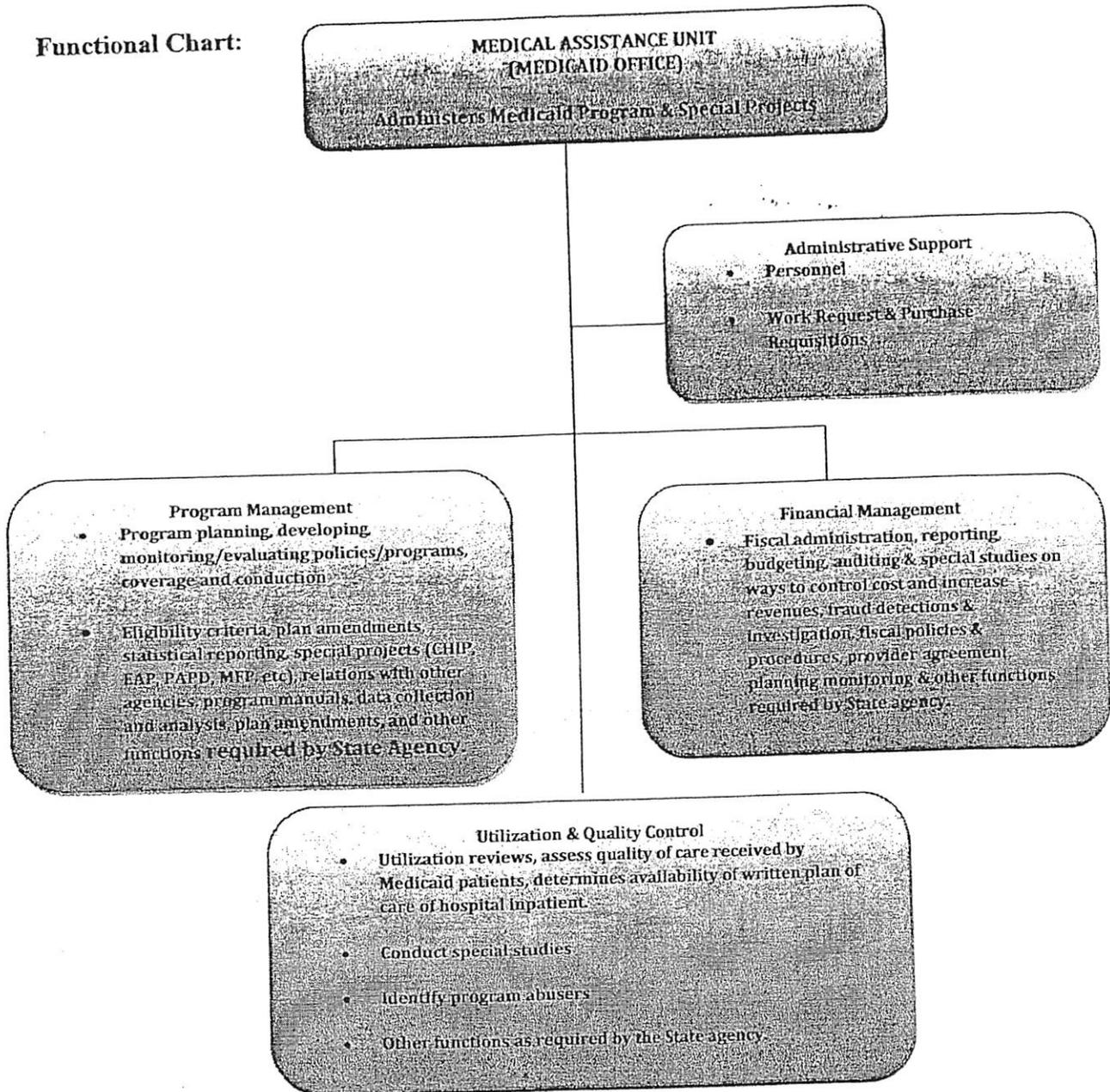
Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

ATTACHMENT 1.2-B (1)

Functions and Organizational Chart of Medical Assistance Unit (Medicaid Office)

Functional Chart:



TN N. 11-002  
Supersedes  
TN No. 88-001

Approval Date NOV 02 2011 Effective Date: October 1, 2011



Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

ATTACHMENT 1.2-B (3)

Description of Functions of each position of Medical Assistance Unit (Medicaid Office)

Medicaid Director

1. Is responsible for the administration of programs and services provided under this plan.
2. Is responsible for policy development, planning, monitoring and evaluation of the programs.
3. Ensures that the Medicaid program in the Territory is administered consistently with the applicable federal and local laws and regulations.
4. Establishes the American Samoa Office of the Governor as the Single State Agency.
5. Outlines the organizational structure of the Medicaid Office within the Office of the Governor with the Medicaid Director reporting to the Governor through the Secretary of American Samoa establishes the duties and responsibilities of the Medicaid Office.
6. Establishes the duties and responsibilities of the Medicaid Office
7. Identifies a full list of proposed services to be eligible under the Medicaid waiver, including the addition of approved Home and Community-Based Services.
8. Determines the annual eligibility population of Medicaid program for expenditure reimbursement.
9. Prepares and submits to CMS for approval any state plan amendments.
10. Reviews and approves program budget.
11. Coordinates Medicaid activities with other agencies including Title V, State Vocational Rehabilitation Agency, Federally Qualified Health Center, Behavior health, the Territorial Administration on Aging, and the Territory's Health Information Technology program.
12. Reviews and makes recommendations to the State Agency regarding addition or deletion of provider types.
13. Provides oversight of federal and state compliance for all Medicaid programs (CHIP & EAP).
14. Performs other functions as required by State Agency Administration.

Medical Doctor

1. Is responsible for medical direction and medical oversight of all programs under this plan.
2. Works with Medicaid Director in developing and maintaining agreement with each on-island and off-island provider furnishing services under the plan (Reference to #8 of Section 4 of this plan).
3. Ensures that Medicaid State Agency establish and maintain a formal utilization review and quality assurance program to ensure the attainment and maintenance of high standards of professional and ethical practices. This program shall be consistent with

TN N. 11-002

Supersedes

TN No. 88-001

Approval Date NOV 02 2011 Effective Date: October 1, 2011

Revision: HCFA-PM-87-4 (BERC)

OMB No: 0938-0193

- Medicare/Medicaid quality assurance certification standards for hospitals (Reference to Part B of the Section 4 of this plan).E
4. Exercises medical interpretation; and assesses new technology.
  5. Provides oversight of federal and state compliance related to quality management and review of annual quality management plans.
  6. Monitors health service programs under this plan including Maternal Child Health, Family Planning, EPSDT, dental, immunization, behavior health, public health clinics, and dental service.
  7. Provides problem resolution, including individual quality of care issues for members, access to care, level of coverage, and quality of coverage provided.
  8. Is responsible for quality management development and analysis (e.g., utilization reports and performance indicators).
  9. Coordinates and conducts focused medical audits.
  10. Performs other functions as required by the State Agency administration.

**Financial Officer**

1. Is responsible for fiscal administration including financial reports (CMS-37 budget and CMS 64-Expenditures).
2. Works with the Medicaid Director in program budget development and control.
3. Oversees third party liability program
4. Is responsible for financial audit.
5. Implements fraud detection/investigation program.
6. Performs other functions as required by State Agency administration.

**Program Manager**

1. Assists in the administration and implementation of the program activities.
2. Supervises the implementation of the special programs such as CHIP and EAP.
- ③ Coordinates review of proposed legislation, determines impact upon organizational operations, estimates effects, and monitors progress.
- ④ Performs studies, analysis, and evaluations of programs.
- ⑤ Identifies policy issues of areas where additional guidance from CMS is required.
6. Prepares the annual eligibility determination report.
7. Performs other functions as required by the State Agency administration.

**Computer Technician**

1. Handles computerized system development and maintenance.
2. Provides technical assistance in computer hardware and software, etc.
3. Performs other functions as required by State Agency Administration.

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### Data Coordinator

1. Assists in the implementation of the Medicaid programs.
2. Is responsible for Data system development, planning, management, maintenance.
3. Coordinates data collection, analysis, interpretation with other relevant agencies such as Department of Commerce (demographic data), Office of Immigration (illegal aliens data), LBJ (service utilization data and provider data), Department of Health (service utilization data and provider data), FQHC (service & provider data), behavior health (service and provider data), dental (CHIP data), etc.
4. Coordinates data activities with the Territory's Health Information Technology program (HIT).
5. Coordinates data handling and analysis for program reporting, performance measures, and related projects.
6. Performs other functions as required by State Agency Administration.

### Statistical Analyst

1. Assists in the performance of Data system Management activities.
2. Prepares and distributes statistical reports as required.
3. Maintain program manuals.
4. Analyzes relevant data and prepares interpretations as required.
5. Performs other functions as required by State Agency Administration.

### Administrative Assistant

1. Develops and implements procedures for expediting the flow of clerical work for the office.
2. Coordinates the processing of personnel action for recruitment, promotions, step increments and other personnel requests.
3. Prepares work requests and purchase requisitions for the programs.
4. Maintains office records and important documents.
5. Types reports and correspondence.
6. Receives and records requests for information and publications.
7. Receives visitors and explains Medicaid policies and procedures to the public.
8. Performs other functions as required by State Agency Administration.

### Accounting Technician

1. Coordinates with accounting and data processing on fiscal matters.
2. Assists in executing of the functions and duties of the financial section.
3. Other functions as required by state agency administration.

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**ATTACHMENT 1.2-C**

Description of the kinds and numbers of professional medical personnel and supporting staff used in the administration of the Plan

<u>POSITION TITLE</u>	<u>NO. OF STAFF</u>
Secretary of State (Lt. Governor)	1
Medicaid Director	1
*Medical Doctor	2
*Financial Officer <i>Manz</i>	1
Program Manager	1
Data Coordinator	1
Statistical Analyst	1
*Administrative Assistant / <i>PS president</i>	1
*Accounting technician <i>Ernie officer</i>	2
Quality Assurance Program Coordinator (LBJ)	1
<del>*HCBS Specialist</del>	1
Total	13

\*new positions to be hired.

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