

**SECTION VII**

**GENERAL  
PLAN AMENDMENTS**

SECTION 7: GENERAL

A. PLAN AMENDMENTS

1. This plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material changes in any phase of the American Samoa law, organization, policy, or State Agency operations

American Samoa will transmit these changes to the HCFA San Francisco Regional Office attached to the Form HCFA-179 (3-80). These changes should be submitted within 90 calendar days from the proposed effective date.

Note: The Reports outlined in Sections 2 and 6 are not considered plan amendments for the purposes of this part.

2. The HCFA Region IX Office will advise American Samoa in writing of any plan amendments required due to changes in Federal laws or regulations.
3. American Samoa may request plan changes on its own initiative at any time, as long as the provisions of Title 19 Section 1902(j) and the Secretary's waiver are complied with.
4. Significant changes to this State Plan which are not consistent with the Secretary's waiver shall be submitted to the Secretary of DHHS as a modification to the waiver, rather than as a State plan amendment.

B. NON-DISCRIMINATION

The Medicaid Plan assures that no person shall be subjected to discrimination on the grounds of race, color, national origin,

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religion, or handicap, or denied the benefits of this financial assistance. It further assures compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973.

C. TERRITORIAL GOVERNOR'S REVIEW

The Medicaid Agency will provide the Office of the Governor with the opportunity to review amendments, any new State Plan and subsequent amendments, and long-range program planning projections or other periodic reports. Any comments will be transmitted to the Health Care Financing Administration with such comments.

TRANSMIT	83-1	of 10/1/82
REC'D IN		TRANS # 83-9
APPROVED	10-3-83	RECEIVED 10-1-83

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**SECTION VIII**

*Pending!*  
**STATE PLAN  
AMENDMENTS  
(SPAs)**

SECTION : 2 ELIGIBILITY

I. PRESUMPTIVE ELIGIBILITY CONCEPT

A. GENERAL DESCRIPTION

American Samoa will use a concept of presumptive eligibility, which does not involve individual eligibility determinations. Rather American Samoa will annually estimate the number of individuals who fall below an estimated needs or poverty level. This number of individuals will be determined to be poor and thus "presumed eligible" for Medicaid health care services with Federal Financial Participation. The number of presumed eligibles will be used in the computation of Title XIX Federal Financial Participation described in Section 6 of this Plan.

B. ANNUAL DETERMINATION OF PRESUMED ELIGIBLES REPORT

1. This will be used to report the number of presumed eligibles for Medicaid matching. It will be prepared annually and submitted to HCFA Region IX by August 15 of each year, and revised if more current data become available before the next computation period.
2. It will consist of the following four steps, along with a detailed description of the presumptive eligibility methodology used and any underlying assumptions:

(a) Step 1-Determine American Samoa's poverty level by family size

- \* (1) List the poverty level by family size determined by the U.S. Office of Management and Budget for the 48 States and Washington, D.C.
- (2) Compute the lowest of the : (1) Ratio of American Samoa's median income to the U.S. median income; or (2) The ratio of American Samoa's median income to the median income of the State receiving the highest FMAP. The median incomes shall be from the same year closest to the year of determination where data are available for the U.S., State, and American Samoa.
- (3) Multiply the levels in (1) by the ratio in (2) to determine the poverty levels by family size for American Samoa.
- (4) Adjust the poverty levels computed in Step 1(a)(3) by a deflator factor which is based upon the ratio of the public assistance needs standards to the poverty level in the U.S.

(b) Step 2-Determine American Samoa's income levels

- (1) If available, census data adjusted for population and income changes up to the most current year possible will be used to determine income levels by family size.

7 (Amended effective 10/1/85)

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- (2) If current census data are not available, a survey of the previous year's tax returns will be conducted in order to determine the income levels by family size.
- (3) If neither (1) nor (2) are available, existing data will be utilized, until more current data becomes available. This data is based on a '977 study of families by income categories and a 1980 survey of families by size.

(c) Step 3: Computation of Presumed Eligibles

Compare American Samoa's income levels established in Step 2 with American Samoan presumed poverty levels established in Step 1 to compute the number of presumed eligibles.

(d) Step 4: Determination of Total American Samoa Population

- (1) Total Population for computation year
- (2) Estimate of Total Illegal Aliens
- (3) Estimate of Total Tourists on Island

C. SUBMITTAL OF ELIGIBLE COMPUTATIONS TO THE REGIONAL OFFICE

These computations will be sent to the HCFA R.O. in the following reports:

- (1) Table 6, "Fiscal Year End Reconciliation of Estimated Versus Actual costs, "—see Section 6 for further explanation; and
- (2) In the Annual Determination of Presumed Eligibles Report described in Section B above.

II. HCFA'S APPROVAL ROLE

The HCFA Region IX Office must approve the Annual Determination of Presumed Eligibles Report prior to the award of FFP for each fiscal year.

8 (Amended effective 1/1/85)

TRANS. NO.: 88-1 APPROVE: MAY 25 1988 EFFECTIVE: JAN 1 1988

SECTION 1: SINGLE STATE AGENCY ORGANIZATION

A. DESIGNATION AND AUTHORITY

The Department of Health is the single State Agency designated to administer and supervise the administration of the Medicaid Program under Title XIX of the Social Security Act. (All references in this plan to "the Medicaid Agency" are to the Department of Health). The certification signed by the Attorney General follows this page and identifies the single State agency and cites the legal authority.

B. DETERMINATION OF ELIGIBILITY

The Department of Health has responsibility for all determinations of presumptive eligibility for Medicaid under this plan.

C. NON-DELEGATION OF AUTHORITY

The Medicaid Agency will not delegate to other than its own officials, authority to:

- (1) Exercise administrative discretion in the administration or supervision of the plan, or
- (2) Issue policies, rules and regulations on program matters. The authority of the agency will not be impaired if any of its rules, regulations, or decisions are subject to review, clearance, or similar action by other offices or agencies of the State.

If other State or local agencies or offices perform services for the Medicaid Agency, they will not have the authority to change or disapprove any administrative decision of the agency, or otherwise substitute their judgement for that of the Medicaid Agency with respect to the application of policies, rules and regulations issued by the Medicaid Agency.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

TERRITORY OF AMERICAN SAMOA

ATTORNEY GENERAL'S CERTIFICATION:

I certify that:

The Department of Health, 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:

Sections 19(a), 19(b), Public Law 17-55; Approved  
November 10, 1982 (Attached)

Dec. 6, 1982  
Date

*W. F. ...*  
Signature

Acting Attorney  
Title General

82-1 10/1/82

TRANSMITTAL # 83- EFFECTIVE 10/1/82  
REC'D RO SUPERSEDED BY TRANS # 8323  
APPROVED 10/1/82 EFFECTIVE 10/1/82

Sec 19. Department of Health.

(a) Medicaid Eligibility:

The Legislature designates the department of health as the "Single State Medicaid Agency" for purposes of eligibility for the Territory to receive \$750,000 in anticipated federal medicaid revenues in FY '83. The department shall develop standards necessary to meet the federal requirements for participating in the Medicaid Program including requirements for confidentiality of health service records, third party liability coverage, conflicts of interest, and ensuring that the medicaid revenues are used exclusively for health care services under Title 19 of the Social Security Act.

The Legislature determines that the general fund revenues being expended in FY '83 for the department of health will be considered as the matching funds requirement for participation in medicaid.

(b) Prior to expending or obligating any anticipated federal medicaid revenues, the department shall submit a supplemental appropriation bill to the Legislature detailing the proposed expenditures.

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D. ORGANIZATION AND ADMINISTRATION

Exhibit I, following this page contains a cross reference of the existing organizational units to the functions that will be performed by the Medicaid Agency.

NOTE: The present staffing levels for these existing organizational units are shown in Exhibit I, which are necessary to perform their existing duties, however, only a small percentage of their time will be needed to perform Medicaid Agency function. This is estimated to be approximately 2 FTEs per year of administrative and professional staff.

The Medicaid plan will be State administered by the Department of Health. The Director's office of the Department of Health has been designated as the Medicaid Assistance Unit. It contains the professional staff listed in Exhibit I.

E. STATE MEDICAID ADVISORY COMMITTEE

There will be an advisory committee to the Medicaid agency director to advise on health and medical care services. The existing American Samoa Health Coordinating Council (ASHCC), appointed by the Governor is the State medical care advisory committee.

The Medical Care Advisory Committee membership is appointed by the Governor and its composition includes members representing population subgroups including: age, income level, consumers at large, health professions (including physicians, dentists, registered nurses, and ancillary health personnel), elected officials of government.

3 (Amended January 1, 1988)

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MEDICAID AGENCY/DEPARTMENT OF HEALTH

ORGANIZATIONAL UNIT AND STAFFING \*

FUNCTION

DIRECTOR'S OFFICE

- Director of Health (State Medicaid Director), MPH
- Off-Island Referral Coordinator
- Planning Director
- Grants Development Specialist
- Health Information System Analyst
- Administrative Support (3)

1. SINGLE STATE AGENCY SERVICES
2. PROGRAM ADMINISTRATION:
3. UTILIZATION/QUALITY CONTROL
  - OTHER FUNCTIONS NOT SPECIFICALLY ASSIGNED BELOW
4. PERSONNEL ADMINISTRATION
5. ORGANIZATION:
  - MEDICAL ASSISTANCE UNIT
  - COVERAGE AND ELIGIBILITY CRITERIA
7. PROGRAM ADMINISTRATION:
  - FRAUD DETECTION/INVESTIGATION
  - PROGRAM MANUALS
8. PLAN AMENDMENTS
9. STATISTICAL REPORTING

OFFICE OF FINANCIAL MANAGER

1. FISCAL ADMINISTRATION/  
FINANCIAL REPORTS

- Financial Manager

\*These are the existing staffing levels for on-going Departmental duties.  
Only a small percent of their time will be required for Medicaid functions (see Section 1.d.)

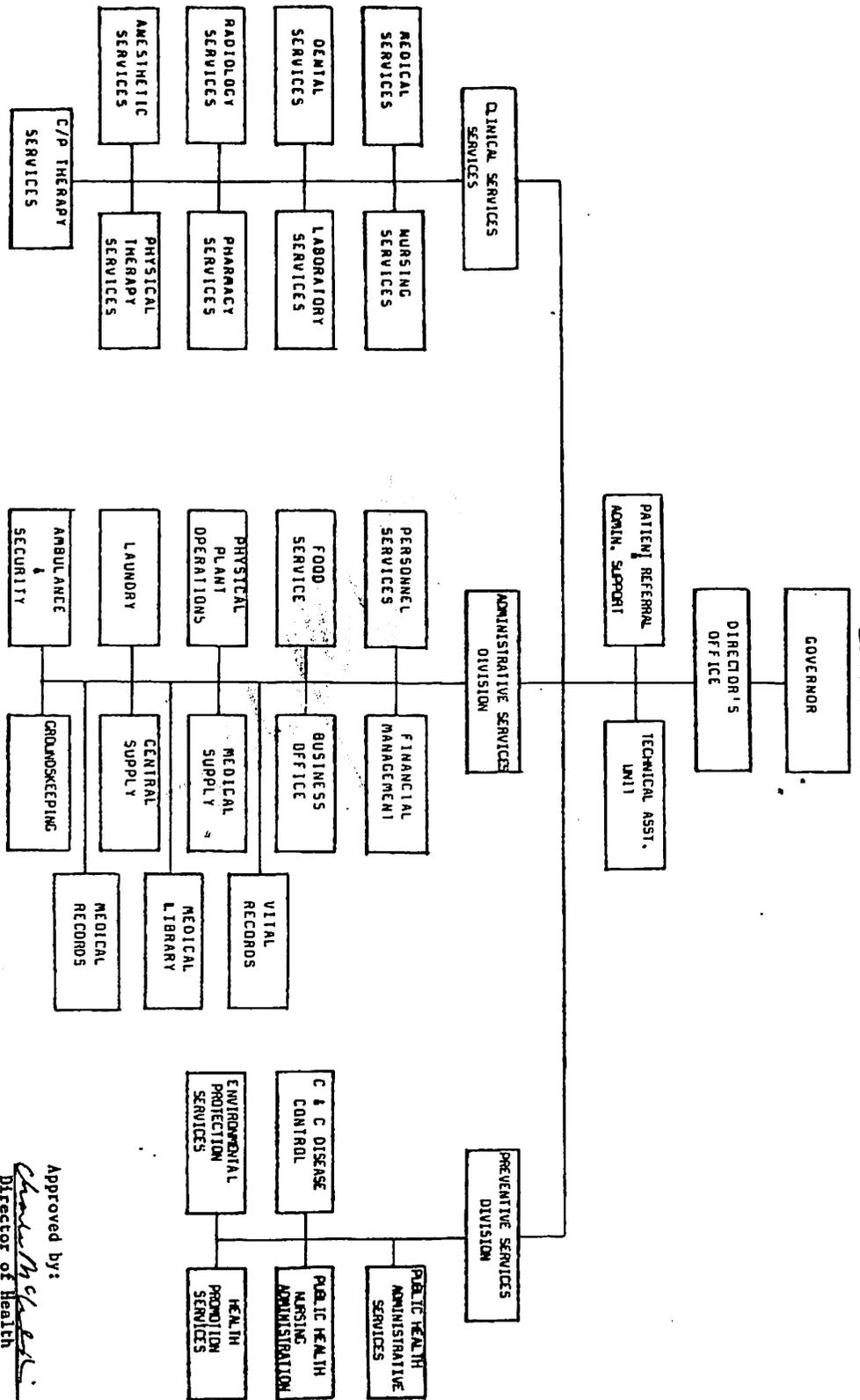
4 (Effective, 1/1/88)

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MAY 25 1988

ACTIVE: \_\_\_\_\_  
JAN 1 1988

ORGANIZATION CHART  
DEPARTMENT OF HEALTH

EXHIBIT II



Approved by: *Charles H. Glaser, III*  
Director of Health (Date)

MAY 25 1988

JAN 1 1988

TRANS. NO.: 87-1

APPROVED:

EFFECTIVE:

(RESERVED)

6 (Amended, effective 1/1/88)

TRANS. NO.: 88-1      APPROVE: \_\_\_\_\_      EFFECTIVE: MAY 25 1988 JAN 1 1986