

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

1. TRANSMITTAL NUMBER:
12-001

2. STATE
American Samoa

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

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

4. PROPOSED EFFECTIVE DATE
January 1, 2012

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 III under title XIX of the
Social Security Act, 42 CFR part 440.**

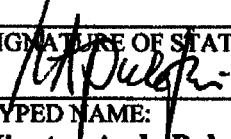
7. FEDERAL BUDGET IMPACT:
a. FFY 2012 \$ 0
b. FFY 2013 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SECTION III - SERVICES GENERAL PROVISIONS.
Page 1
Attachment 3.1-A, pages 1-15
Attachment 3.1-D, pages 1-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Section III , State Plan Pages 9-15

10. SUBJECT OF AMENDMENT: Amendment to the State Plan to include all Medicaid services currently performed on Territory with description and specification on limitations on amount, duration, and scope of those services.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Niutao Andy Puletasi
14. TITLE:
Medicaid Director
15. DATE SUBMITTED:
March 27, 2012

16. RETURN TO:
**American Samoa Medicaid Office
Office of the Governor
P.O. Box 998383
Pago Pago, American Samoa 96799**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **March 28, 2012**

18. DATE APPROVED: **JUN 28 2012**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **1/1/2012**

20. SIGNATURE OF REGIONAL OFFICIAL:


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

22. TITLE: **Associate Regional Administrator**

23. REMARKS:
Pen and Ink Changes, Boxes 8 & 9