

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>12-002</b>	2. STATE <b>American Samoa</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE <b>January 1, 2012</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: <b>42 CFR Part 433; 42 CFR Part 431.56; 48 USC 1469 (a) (d)</b>	7. FEDERAL BUDGET IMPACT: a. FFY 2012      \$0 b. FFY 2013      \$0
--	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Section VI, pages <del>25-29</del> 25-27 <i>(TWS)</i></b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Section VI Financial Administration, pages <del>25-26</del> 25-29 <i>(TWS)</i></b>
---	---

10. SUBJECT OF AMENDMENT: **Amendment to the State Plan to include changes to the methodology for claiming Federal Financial Participation (FFP) used by American Samoa.**

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: 	16. RETURN TO: <b>American Samoa Medicaid Office Office of the Governor American Samoa Government P.O. Box 998383 Pago Pago, American Samoa 96799</b>
13. TYPED NAME: <b>Niuatoa Andy Puleta</b>	
14. TITLE: <b>Medicaid Program Director</b>	
15. DATE SUBMITTED: <b>March 29, 2012</b>	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED: <b>March 29, 2012</b>	18. DATE APPROVED: <b>JUN 21 2012</b>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2012</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <b>Gloria Nagle, Ph.D., MPA</b>	22. TITLE: <b>Associate Regional Administrator</b>

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