

Board of Community Health  
Meeting  
June 2, 2022

**Members Present**

Norman Boyd  
Roger Folsom  
Russell Crutchfield  
David Crews  
Anthony Williamson  
Nelva Lee  
Cynthia Rucker  
Kenneth Davis

**Members Absent**

The Board of Community Health held its meeting via Zoom teleconference. (An agenda and a List of Attendees are attached hereto and made an official part of these Minutes as Attachments #1 and #2). Chairman Norman Boyd presided and called the meeting to order at 10:30 a.m.

**Minutes**

The Minutes of the May 12, 2022 meeting were unanimously approved.

**Opening Comments**

None to report.

**Commissioner's Report**

Commissioner Noggle thanked the Board, members of the public and staff for their participation via Zoom.

The following updates were provided to the Board:

- Lynnette Rhodes will present a State Plan Amendment (SPA) to end the existing postpartum coverage waiver and replace it with a SPA to extend postpartum coverage in Georgia to twelve (12) months.  
  
This effort was championed by both Governor Brian P. Kemp and Chairman Dean Burke over the last year, and we look forward to implementation.
- Brian Lipton will present three action items today for initial adoption as part of our ongoing effort to implement a series of directed payment programs. We plan to have a second Special call Board meeting on June 27 to meet that deadline.

Mr. Lipton will also present additional directed payment program components that are part of a larger program to increase provider rates paid hospitals, ultimately reinvesting \$50 to \$100 million in our healthcare workforce, significantly reducing overall income uncompensated care costs in the state, and nearly eliminating uncompensated care costs for our rural hospitals around the state.

- The Department received Centers for Medicare and Medicaid Services (CMS) approval of a pending SPA related to our nursing home payments and cost reports, which included our new quality incentive payment program.

Commissioner Noggle publicly thanked Kim Morris and the entire reimbursement and finance team for their hard work.

- We have an additional disaster SPA pending related to FY22 rates for the same providers. We're hoping to receive final approval in the next few weeks.
- Operational updates:
  - Managed care re-procurement work is ongoing.
  - We are anticipating issuing a request for information (RFI) as early as tomorrow that will be posted on the Georgia Department of Administrative Services (DOAS) state procurement page and the DCH website.

As we begin our effort to seek stakeholder and advocacy organization feedback and input, we're inviting any interested party, not just potential vendors, to submit their feedback through the RFI process.

- State Health Benefit Plan (SHBP):
  - Staff held several events for members.
  - Open enrollment will begin on October 17.
  - We are anticipating very minimal changes to the plan design this year.
- The Department received notification from the Georgia Department of Audits and Accounts (DOAA) that they will conduct two special exams, SHBP and our planning for the unwinding of the public health emergency (PHE) over the next few months.

The Federal public health emergency is ongoing and slated to end July 16. CMS has reaffirmed its commitment to providing states a 60-day advance notice.

- We are working very closely with Commissioner Broce and her team at the Georgia Department of Human Services (DHS) and the Georgia Division of Family and Children Services (DFCS), to implement actions to redetermine Medicaid eligibility for over two and a half million Medicaid members.

There will be an increase in communications from both of our departments in the coming days, encouraging members to update their contact information, which is critical, as we work to redetermine eligibility.

- Recent speaking events:
  - Jimmy Lewis and his team at Hometown Health.
  - Long-term care community at the Georgia Health Care Association (GHCA) Summer Convention.

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for initial adoption the Medical Assistance Plans, State Plan Amendment, and termination of 1115(a) Demonstration: Postpartum extension to twelve (12) months Public Notice.

### **Proposal to Terminate the Postpartum Extension 1115(a) Demonstration**

Pending Centers for Medicare and Medicaid Services (CMS) approval, the Department of Community Health proposed to terminate its Postpartum Extension 1115(a) demonstration, which extends postpartum services to six (6) months or 180 days. The Department's postpartum extension 1115(a) demonstration application was approved by CMS on April 16, 2021.

The Department proposed to terminate its postpartum extension 1115(a) demonstration, effective October 31, 2022, for the following reasons:

1. The current 1115(a) demonstration only extends postpartum services to six (6) months or 180 days.
2. Per the American Rescue Plan Act, which was signed into law in March 2021, states have the option to extend postpartum services to twelve (12) months under the state plan.
3. DCH has opted to extend postpartum services to twelve (12) months under the state plan.

The eligibility groups will remain the same under the state plan twelve (12) months postpartum coverage option. CMS must approve the Department's transition and phase-out plan before the Department can begin implementing its phase-out activities. CMS must also approve the state plan amendment extending postpartum services to twelve (12) months. The transition and phase-out plan contains several components, including but not limited to:

1. Submission of a State Plan Amendment extending postpartum services to twelve (12) months.
2. Notification to Affected Members:
  - Members who are receiving postpartum services through the 1115(a) postpartum demonstration will be notified in writing, via U.S. mail, of the state's intent to terminate the 1115(a) postpartum demonstration and

extend postpartum services to twelve (12) months. A draft copy of the notice is attached to the public notice as Appendix A.

- Members who are receiving postpartum services through the 1115(a) demonstration will be notified of the transition to twelve (12) months postpartum services through direct member outreach.
- Notice will be placed on the Care Management Organizations' (CMO) member webpages, the DCH webpage, the Gateway system, and the Georgia Medicaid Management Information System (GAMMIS).
- DCH will engage external stakeholders, provider associations, and advocacy groups.

3. Eligibility Re-Determinations and Enrollment Transitions:

- The state will conduct redeterminations of Medicaid eligibility prior to the termination of the demonstration for the affected members to ensure ongoing coverage for eligible beneficiaries.<sup>1</sup>
- Prior to making a determination of ineligibility the state will re-determine eligibility for all affected individuals in order to determine if the individual qualifies for Medicaid under a different eligibility category as required in 42 C.F.R. § 435.916(f)(1).<sup>2</sup>
- For individuals determined ineligible for Medicaid and CHIP, the state will determine potential eligibility for other insurance affordability programs and comply with the procedures set forth in 42 CFR 435.1200(e).

4. Benefits and Cost Sharing Requirements:

- The Medicaid benefit package will not change.
- There is no cost-sharing, copayment, or coinsurance

5. Care Management Organizations (CMO):

- Members who are enrolled with a Care Management Organization (Amerigroup, CareSource, or Peach State Health Plan) will continue to be enrolled with their CMO and will continue to receive postpartum services for the allowed 12 -month period.

6. Aged, Blind, or Disabled (ABD):

- Aged, Blind or Disabled members will continue to be enrolled in traditional Medicaid or Fee-for-Service and will continue to receive postpartum services for the allowed 12-month period.

## **Proposal to Extend Postpartum Services to Twelve (12) Months**

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<sup>1</sup> Due to the existing national Public Health Emergency, members will not be terminated at this time.

<sup>2</sup> Due to the national Public Health Emergency all redeterminations are on hold. Redeterminations will continue upon the termination of the national Public Health Emergency.

Pending CMS approval, the Department of Community Health proposed to extend postpartum services from six (6) months to twelve (12) months, under the state plan, as allowed under the American Rescue Plan Act.

The transition to twelve (12) months postpartum services is estimated to increase Medicaid expenditures for SFY 2023 as follows:

Fiscal Impacts:

SFY2023

Program	State Funds	Federal Funds	Total Funds
Low Income Medicaid (LIM)	\$27,395,603	\$57,624,504	\$85,020,107

SFY2024

Program	State Funds	Federal Funds	Total Funds
Low Income Medicaid (LIM)	\$29,744,567	\$57,790,945	\$87,535,512

Two opportunities for public comment will be held on June 6, 2022 at 11:00 a.m. and June 9, 2022 11:00 a.m. via Zoom. Written comments are due on or before July 1, 2022.

Ms. Rhodes respectfully asked for the Board's favorable consideration of initial adoption.

Roger Folsom MADE a MOTION to approve for initial adoption the the Medical Assistance Plans, State Plan Amendment, and termination of 1115(a) Demonstration: Postpartum extension to twelve (12) months Public Notice. Cynthia Rucker SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED

(A copy of the Medical Assistance Plans, State Plan Amendment, and termination of 1115(a) Demonstration: Postpartum extension to twelve (12) months Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for initial adoption the New Options 1915c Waiver Renewal Public Notice for an additional five years.

The New Options Waiver Program is a home and community-based program. The current approved New Options Waiver Program expires November 8, 2022 and must be renewed by the Centers for Medicare and Medicaid Services (CMS).

As part of its renewal, the Department proposes the following changes:

- Modify eligibility minimum age
- Add Assistive Technology as a new service
- Modify the following services to reflect telehealth service delivery
  - Adult Speech and Language
  - Adult Physical Therapy
  - Adult Occupational Therapy
  - Nutrition Services
  - Interpreter Services
  - Behavior Support Services
  - Supported Employment
- Allow two services with low utilization to expire
  - Community Guide
  - Natural Support Training
- Remove participant direction (self-direction) as a service model
  - Behavior Support Services
  - Supported Employment
- Permanently reset rates to reflect a 7 percent increase

**Modify eligibility minimum age:**

IQ testing in very young children is not predictable of future cognitive abilities. This is especially true for infants, as their language skills cannot be assessed. Additionally, young children may benefit significantly from early interventions services. It is best to determine eligibility for children after they have passed through the early developmental phase and had the opportunity to benefit from early intervention services. This change does not impact anyone currently on the waiver or the planning list.

**Add a New Service:**

Assistive Technology

Assistive technology consists of any technology, whether acquired commercially, modified, or customized, that is used to maintain or improve functional capabilities of individuals with disabilities by providing an alternative method to perform a task.

**Modify a Service:**

DCH proposed allowing the following services to be provided via telehealth. Telehealth will promote member choice in treatment modality and increase availability of state-wide providers. Telehealth may only be used when clinically indicated and when preferred by the member.

- Adult Speech and Language
- Adult Physical Therapy
- Adult Occupational Therapy
- Nutrition Services
- Interpreter Services
- Behavior Support Services
- Supported Employment

**Allow to Expire:**

Community Guide Services

Community Guide Services assist waiver members in managing self-directed services and responsibilities. Support Coordination and Fiscal Support Services agencies will provide the functions of Community Guide.

Natural Support Training (NST)

Support Coordination and fiscal intermediary roles encompass much of what is meant by the current service definition of NST and will continue to assist individuals along with researching and providing alternative resources in the community to assist with these needs.

**Remove Participant Direction as a Service:**

Behavior Support Services

Behavior Support Service requires specific professional licensure and/or certification for provider enrollment. In accordance with the Deficit Reduction Act (DRA) which requires the Medicaid agency to assure credentialing and verification of provider licensing. This service will be delivered by providers with validation as required.

Supported Employment Services

Supported Employment Service providers require specialized training in employment options and the ability to customize an employment setting to meet waiver members' specific needs. Employment Services will be offered a choice of qualified Medicaid enrolled providers and continue authorized services.

**Rate Increases:**

In the 2022 Georgia General Assembly, the NOW allocation in the Amended Fiscal Year 2022 and Fiscal Year 2023 was increased to reflect a total seven (7) percent rate increase across the board for all services.

The increase has been applied as legislated to this renewal application across all five (5) waiver years. A complete listing of the services, current rates and proposed rates is included in the public notice document.

The Fiscal Impact for the five-year renewal is as follows:

Waiver Year	Estimated State Share	Estimated Federal Share	Estimated Total Expenditure
Year 1	\$21,962,711	\$42,671,517	\$64,634,227
Year 2	\$22,915,393	\$44,522,492	\$67,437,884
Year 3	\$23,906,713	\$46,448,534	\$70,355,247
Year 4	\$24,943,622	\$48,463,153	\$73,406,774

<b>Year 5</b>	<b>\$26,030,910</b>	<b>\$50,575,652</b>	<b>\$76,606,562</b>
<b>Total</b>	<b>\$119,759,349</b>	<b>\$232,681,348</b>	<b>\$352,440,697</b>

An opportunity for public comment will be held on June 6, 2022 at 12:00 p.m. via Zoom. Written comments are due on or before July 1, 2022.

Ms. Rhodes respectfully asked for the Board's favorable consideration of initial adoption.

Nelva Lee MADE a MOTION to approve for initial adoption the New Options 1915c Waiver Renewal Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the New Options 1915c Waiver Renewal Public Notice is attached hereto and made an official part of these minutes as Attachment #4).

Lynnette Rhodes, Executive Director, Medical Assistance Plans presented to the Board for initial adoption the Elderly and Disabled (E&D) 1915(c) Waiver Renewal Public Notice for an additional five years.

The Elderly and Disabled Waiver Program (EDWP) is a home and community-based program. The current approved EDWP, which includes the Community Care Services Program (CCSP) and the Service Options Using Resources for Community Environments (SOURCE) Program, expires November 8, 2022, and must be renewed by the Centers for Medicare and Medicaid Services (CMS).

As part of its renewal, the Department proposed the following changes:

- Add Assistive Technology as a new service
- Modify Personal Support Services to allow a relative to deliver the service
- Allow five services with no utilization to expire
  - Transition Coordination (Pre-discharge)
  - Transition Coordination (Month 1-6)
  - Transition Coordination (Month 7-12)
  - Transition Services and Supports
  - Transition Community Integration Services
- Permanently reset rates to reflect a 10 percent increase

**Add a New Service:**

Assistive Technology

Assistive technology consists of any technology, whether acquired commercially, modified, or customized, that is used to maintain or improve functional capabilities of individuals with disabilities by providing an alternative method to perform a task.

**Modify a Service:**

Personal Support Services

During the Public Health Emergency, Georgia experienced significant challenges in retaining a stable workforce and recruiting direct support professionals and home health workers. Therefore, DCH proposed to allow relatives to deliver Personal Support Services, Personal Support Extended, and Consumer-Directed Personal Support Services. Relatives, as defined in current policy, may be hired by Private Homecare Providers through the traditional service model or comply with criteria set forth in the Consumer Directed model.

**Allow to Expire:**

The five transition services in the current approved waiver were added anticipating the sunset of the Money Follows the Person (MFP) program. Given the continued authorization and availability of MFP funds along with zero utilization of the five services, DCH proposed to discontinue these services in the waiver. The services may be added via waiver amendment when notice of the end of MFP is certain.

**Rate Increases:**

In the 2021 Georgia General Assembly, the EDWP allocation was increased to reflect a 10 percent across the board rate increase for all services. The rate increase has been implemented temporarily through an Appendix K application approved by CMS retroactive to July 1, 2021. A complete listing of the services, the current rates, and the proposed rates are outlined in the public notice document.

The Fiscal Impact for the five-year renewal is as follows:

<b>Waiver Year</b>	<b>Estimated State Share</b>	<b>Estimated Federal Share</b>	<b>Estimated Total Expenditure</b>
<b>Year 1</b>	\$303,219,743	\$589,127,940	\$892,347,682
<b>Year 2</b>	\$330,246,841	\$641,639,093	\$971,885,933
<b>Year 3</b>	\$359,688,664	\$698,841,837	\$1,058,530,501
<b>Year 4</b>	\$391,758,736	\$761,151,023	\$1,152,909,758
<b>Year 5</b>	\$426,718,552	\$829,074,714	\$1,255,793,266
<b>Total</b>	<b>\$1,811,632,536</b>	<b>\$3,519,834,607</b>	<b>\$5,331,467,140</b>

An opportunity for public comment will be held on June 7, 2022 at 10:30 a.m. via Zoom. Written comments are due on or before July 1, 2022.

Ms. Rhodes respectfully asked for the Board's favorable consideration of initial adoption.

David Crews MADE a MOTION to approve for initial adoption the Elderly and Disabled (E&D) 1915(c) Waiver Renewal Public Notice. Roger Folsom SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Elderly and Disabled (E&D) 1915(c) Waiver Renewal Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Brian Lipton, Senior Policy Advisor shared the following background:

As Commissioner Noggle has previously mentioned, the Department of Community Health is currently pursuing a new Medicaid Innovation Advancement Project to increase available Medicaid revenue dollars through CMS approval of a series of State Directed Payment Programs (DPP), State Plan Amendments (SPAs), and department rule changes.

The overall project goals include:

- Leveraging additional federal Medicaid funding
- Supporting rural hospitals and bolstering rural access to care
- Reducing costs through appropriate level of care utilization
- Improving health outcomes and equity
- Expanding healthcare training and workforce investments

Deputy Commissioner Loke previously presented the first step in this process- Advancing Innovation to Deliver Equity or GA-AIDE.

In addition to the items today, I will present to the Board later this month one final component related to the Disproportionate Share Hospital (DSH) program. If all project components are approved by CMS, Georgia and the Department of Community Health will:

- Eliminate 100% of Uncompensated Care Costs (UCC – for Medicaid/uninsured) at all Small Rural Hospitals
- Cut the overall level of UCC in Georgia by 50%
- Reinvest \$50-\$100M in its Healthcare Workforce

Brian Lipton, Senior Policy Advisor presented to the Board for initial adoption the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice.

Pending CMS approval, DCH proposes implementing a hospital state directed payment program on July 1, 2022 for eligible private hospitals. Eligible private hospitals are defined as all private, acute hospitals excluding general cancer hospitals, free-standing children's hospitals, and rehabilitative/psychiatric/long term acute hospitals. All critical access hospitals are excluded.

The state directed payment will be based on the difference between aggregate provider Medicare reimbursement and Medicaid payments for these same providers using SFY 2021 Upper Payment Limit (UPL) calculations. The resulting percentage increase derived from these UPL calculations will be applied to all eligible participating providers' CMO claims to calculate the state directed payment amount. The state directed payment will be made to the CMOs and the CMOs will be required to transfer the payment to the eligible participating providers. The CMO reimbursement plus state directed payments will not exceed 100% of Medicare in aggregate.

Public providers are currently eligible for these rates, so this proposal would establish equity with the public hospitals by extending eligibility to private hospitals.

The total estimated funding increase is

	<b>State Funds</b>	<b>Federal Funds</b>	<b>Total Funds</b>
SFY 2023	\$51,748,450	\$101,478,140	\$153,226,590

The state funding required to obtain federal financial participation will be funded through provider payments.

An opportunity for public comment will be held on June 7, 2022 at 11:30 a.m. via Zoom. Written comments are due on or before June 14, 2022.

Mr. Lipton respectfully asked for the Board's favorable consideration of initial adoption.

Russell Critchfield MADE a MOTION to approve for initial adoption the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice. Nelva Lee SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED

(A copy of the Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice is attached hereto and made an official part of these minutes as Attachment #6).

Brian Lipton, Senior Policy Advisor presented to the Board for initial adoption the Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Public Notice.

Pending CMS approval, DCH proposes implementing this new hospital state directed payment program to focus on stabilization, development, and diversification of the healthcare workforce, leading to improved health outcomes for Medicaid members. Eligible hospitals are defined as teaching hospitals with at least five resident full-time equivalents (FTEs) based on schedule E part A, lines 10,11, and 16 in 2019 Medicare cost reports, excluding teaching hospitals participating in Georgia Advancing Innovation to Deliver Equity (GA-AIDE).

This will initially include 21 eligible teaching hospitals. Those hospitals will be required to submit a robust annual evaluation created by in conjunction with representatives from those hospitals.

The STRONG payments represent a 200% increase to hospital base Medicaid reimbursement, which is the less than the difference between 100% percent of commercial reimbursement and Medicaid base payments.

	State Funds	Federal Funds	Total Funds
SFY 2023	\$252,075,070	\$494,316,432	\$746,391,501

The state funding required to obtain federal financial participation will be funded at public hospitals via intergovernmental transfers, and at private hospitals through provider payments. Teaching hospitals have also verbally agreed to reinvest 10-20% of the new federal funds into workforce development, or approximately \$50-100 million.

An opportunity for public comment will be held on June 8, 2022 at 11:00 a.m. via Zoom. Written comments are due on or before June 15, 2022.

Mr. Lipton respectfully asked for the Board's favorable consideration of initial adoption.

Russell Critchfield MADE a MOTION to approve for initial adoption the Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Public Notice. David Crews SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED

(A copy of the Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Public Notice is attached hereto and made an official part of these minutes as Attachment #7).

Brian Lipton, Senior Policy Advisor presented to the Board for initial adoption the Rules and Regulations for Medical Assistance, Ga. Comp. R. & Regs. R. 111-3-11 Hospital Directed Payment Programs.

The proposed rule changes amend the Rules and Regulations for Medical Assistance, Ga. Comp. R. & Regs. r. 111-3, to create a new section 111-3-11, Hospital Directed Payment Programs. These changes establish a new hospital provider payment program pursuant to the authority granted to the Department in O.C.G.A. § 31-8-179.2.

Such payments will provide the necessary funding to obtain federal financial participation for the two state directed payment programs presented here today- Hospital Directed Payments for Private Hospitals and STRONG- pending Centers for Medicare and Medicaid Services (CMS) approval.

Provider payments under this proposed rule shall only be used for the specific purpose of Hospital Directed Payment Programs, and the amount shall not exceed the amount necessary to obtain federal financial participation.

The amount of each Non-Governmental Hospital's Provider Payment shall be determined by the Department using available hospital financial data and other information as applicable, including, but not limited to, hospital cost reports and the annual Hospital Financial Survey.

### **Acknowledgements:**

Mr. Lipton publicly thanked everyone on the team, which is comprised of who has contributed to the success of this project. This includes interdepartmental DCH staff, consultants, actuaries, and several of our external partners. We especially want to acknowledge the hard work and support of the following:

#### External Partners

- Carie Summers, Keri Conley, and Anna Adams, Georgia Hospital Association
- Chairwoman Dr. Mary Chatman and all members of the Teaching Hospital Workforce Committee

#### DCH staff

- Lynnette Rhodes, Executive Director, Medical Assistance Plans Division, and her team
- Kim Morris, Director of Reimbursement, and her team
- Rich Kim, Budget Director, and his team
- Joe Hood, Senior Advisor

An opportunity for public comment will be held on June 8, 2022 at 10:00 a.m. via Zoom. Written comments are due on or before June 10, 2022.

Mr. Lipton respectfully asked for the Board's favorable consideration of initial adoption.

Russell Crutchfield MADE a MOTION to approve for initial adoption the Rules and Regulations for Medical Assistance, Ga. Comp. R. & Regs. R. 111-3-11 Hospital Directed Payment Programs. David Crews SECONDED the MOTION. ON THE MOTION, the yeas were 8, nays 0, abstained 0, and the MOTION was APPROVED.

(A copy of the Rules and Regulations for Medical Assistance, Ga. Comp. R. & Regs. R. 111-3-11 Hospital Directed Payment Programs is attached hereto and made an official part of these minutes as Attachment #8).

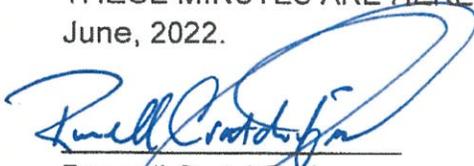
### **New Business/Closing Comments**

None to report.

### **Adjournment**

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:12 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 2<sup>nd</sup> DAY OF June, 2022.

  
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Russell Crutchfield  
Secretary

  
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Norman Boyd  
Chairman

### Official Attachments:

- #1 Agenda
- #2 List of Attendees
- #3 Medical Assistance Plans, State Plan Amendment, and termination of 1115(a) Demonstration: Postpartum extension to twelve (12) months Public Notice
- #4 New Options 1915c Waiver Renewal Public Notice
- #5 Elderly and Disabled (E&D) 1915(c) Waiver Renewal Public Notice
- #6 Medical Assistance Plans, Medicaid Care Management Organizations (CMOs) Hospital Directed Payments for Private Hospitals Public Notice

#7 Medical Assistance Plans, Strengthening The Reinvestment Of a Necessary-workforce in Georgia (STRONG) Public Notice

#8 Rules and Regulations for Medical Assistance, Ga. Comp. R. & Regs. R. 111-3-11 Hospital Directed Payment Programs