

Board of Community Health  
Meeting  
November 4, 2019

**Members Present**

Norman Boyd  
Allana Cummings  
Mark Trail  
Roger Folsom  
David Crews  
Russ Childers  
Russell Crutchfield  
Kenneth Davis  
Anthony Williamson

**Members Absent**

The Board of Community Health held a special called meeting at the Department of Community Health (DCH), 5<sup>th</sup> Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. (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**

None to approve.

**Opening Comments**

None to report.

**Committee Reports**

None to report.

**Commissioner's Report**

Commissioner Berry thanked the Board, members of the public and staff for their attendance.

Commissioner Berry updated the Board on the following:

- Blake Fulenwider, Chief Health Policy Officer will present two initiatives: 1115 and 1332 waivers.

- Publicly thanked Mr. Fulenwider and Ryan Loke for their leadership on this effort as well as Lavinia Luca, Rachel King, Matt Krull, Brian Dowd, Charles Strong, Catherine Ivy and Deloitte Consulting and their team.

Blake Fulenwider, Chief Health Policy Officer presented to the Board for initial adoption Georgia Pathways to Coverage 1115 Demonstration Waiver Public Notice.

In addition to the 1115 Demonstration Waiver, I also will provide an overview of the 1332 Waiver to show the full continuum of the two waivers that encompass the totality of the Patients First Act (PFA).

During the 2019 Legislative Session, the Georgia General Assembly passed Senate Bill 106, the PFA. This legislation authorizes the Department to submit a Section 1115 Demonstration Waiver to CMS, which may include an increase in the income threshold up to a maximum of 100% of the Federal Poverty Level (FPL). The purpose of a Section 1115 waiver, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serving Medicaid populations.

To meet the intent of the PFA, Georgia is requesting approval of an 1115 Demonstration Waiver to implement new policies that will further the State's vision of creating "A Healthy Georgia." The State recognizes too many of its working, low-income citizens do not have access to or are unable to afford healthcare coverage. The State is creating a new eligibility pathway focused on encouraging and incentivizing work and other employment-related activities, for low-income Georgians who are not otherwise eligible for Medicaid coverage.

To further support Georgians on their journey to self-sufficiency and the destination of commercial health insurance coverage, Georgia Pathways is embracing private market policies and principles, such as premiums, copayments, member rewards accounts, and prospective Medicaid eligibility, for a segment of the Georgia Pathways population and the Transitional Medical Assistance (TMA) population.

Georgia is using the following policies to implement Georgia Pathways:

- **Georgia Pathways** – Provide a pathway to Medicaid coverage for working Georgians with household incomes up to 95% of the FPL, which includes a 5% of the FPL income disregard (referred to as incomes up to 100% of the FPL), and serves as an incentive for participation in work and other employment-related activities for those not currently engaged.
- **Consumer Tools** – Introduce consumer-engagement elements into the Medicaid program to prepare Georgia Pathways participants to transition into the commercial health insurance market once their income exceeds 100% of the FPL.

- **Employer Sponsored Insurance (ESI)** – Provide premium assistance to those who become Medicaid-eligible through Georgia Pathways and who have access to ESI through a mandatory Health Insurance Premium Payment (HIPP) program.

## **Georgia Pathways Goals and Objectives**

Georgia's goals for the Demonstration are to improve **access**, **affordability**, and **quality** of healthcare through strategies that:

- Improve the health of low-income Georgians by increasing their access to affordable healthcare coverage by encouraging work and other employment-related activities.
- Reduce the number of uninsured Georgians.
- Promote member transition to commercial health insurance.
- Empower Georgia Pathways participants to become active participants and consumers of their healthcare.
- Support member enrollment in employer-sponsored insurance by providing premium assistance for qualifying employer-sponsored health plans, if doing so is cost-effective for the State.
- Increase the number of persons who become employed or engaged in employment-related activities.
- Increase wage growth for those who are employed.
- Ensure the long-term, fiscal sustainability of the Medicaid program.

## **Georgia Pathways Proposed Eligibility Requirements, Health Care Delivery System, Benefit Coverage, and Cost Sharing**

### **Proposed Eligibility Requirements**

Georgia Pathways to Coverage will introduce a new eligibility pathway for working Georgians who would otherwise not be eligible for Medicaid coverage. In order to be eligible for coverage under Georgia Pathways, an individual must meet an hours and activities threshold of 80 hours per month of engagement in a qualifying activity such as employment, community service, or education, and have an income less than 100% of the FPL.

The State will consider the below activities as acceptable for meeting the activities threshold.

Table 1: Activities and Definitions

Activity	Definition
Unsubsidized employment	Full- or part-time employment in the public or private sector that is not subsidized by a public program.
Subsidized private sector employment	Employment in the private sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
Subsidized public sector employment	Employment in the public sector for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual.
On-the-job training	Training in the public or private sector that is given to a paid employee while he or she is engaged in productive work, and that provides knowledge and skills essential to the full and adequate performance of the job.
Job Readiness	Activities directly related to the preparation for employment, including life-skills training, resume building, and habilitation or rehabilitation activities. Rehabilitation activities must be determined to be necessary and documented by a qualified medical professional.
Community Service	Structured programs and embedded activities in which the member performs work for the direct benefit of the community under the auspices of public or nonprofit organizations. Community service programs must be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and child care. A state agency shall take into account, to the extent possible, the prior training, experience, and skills of an individual in making appropriate community service assignments.
Vocational Educational Training	Organized educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations. Course hour requirements for vocational educational training shall be determined by the Department of Community Health.
Enrollment in an Institution of Higher Education	Enrolled in a college, university, or other institution of higher learning with a full-time academic workload. A full-time academic workload shall be determined by the Department of Community Health. The student's workload may include any combination of courses, work, research, or special studies that the institution considers sufficient to classify the student as a full-time student.

The population eligible for Georgia Pathways includes parents, caretakers, or guardians with household incomes from 35% to 100% of the FPL who are not currently eligible for



Medicaid and adults without dependent children with household incomes up to 100% of the FPL who are not currently eligible for Medicaid. Individuals must be between ages 19 and 64, must be a resident of Georgia and not incarcerated in a public institution, and must be a citizen of the United States or a documented, qualified alien.

### **Proposed Healthcare Delivery System**

The State will use a managed care delivery system to provide services to the Georgia Pathways population. The State currently contracts with four Medicaid Care Management Organizations (CMOs), which were selected through a competitive procurement process. The State will not use fee-for-service payments for any covered services.

### **Proposed Benefit Coverage**

The benefit package provided under Georgia Pathways will differ slightly from those benefits provided under the Medicaid State Plan. Georgia is seeking to provide a benefit package more consistent with commercial plan benefits and is requesting a waiver of non-emergency transportation (NEMT) for the Pathways population. The State Plan benefits include Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services for enrollees ages 19 and 20. Additional benefits such as vision and dental can be purchased through a Member Rewards Account that receives revenue from member contributions and state-funded incentives for healthy behaviors. The State will build upon its existing HIPPP program by paying the ESI premiums for all Georgia Pathways members with access to health insurance if it is cost-effective for the State. This will strengthen the State's overall insurance market by maintaining individuals in their ESI rather than moving them to a CMO.

For members for whom the State is paying the cost of ESI, wraparound benefits (i.e., benefits that are not covered by that ESI) are not covered.

### **Cost-Sharing**

Georgia will support members in preparing for commercial health insurance by requiring financial contributions towards the cost of coverage. These funds will then be used to incent members to engage in healthy behaviors and access additional benefits. As detailed below, certain Georgia Pathways and TMA members will be assessed enforceable premiums, which will be deposited into a Member Rewards Account. From this Account, members will be able to make required copayments as well as use funding to purchase qualified health-related services and goods.

### **Premiums**

A segment of the population eligible for Georgia Pathways and TMA will be required to make sliding scale flat rate monthly premium payments tiered based on family income. Premiums paid will be deposited in the member's (or household's) Member Rewards Account.

## Applicable Populations

Members who are required to pay premiums are:

- Adults without dependent children with incomes between 50% and 100% of the FPL who are not currently eligible for Medicaid and become eligible and enrolled through Georgia Pathways.
- Parents with household incomes between 50% and 100% of the FPL who are not currently eligible for Medicaid and become eligible and enrolled through Georgia Pathways.
- Members enrolled in TMA with incomes of 50% of the FPL and above.

Members who are exempt from premium requirements are:

- Members enrolled through Georgia Pathways who are under the mandatory HIPP program.
- Members receiving coverage through Georgia Pathways or TMA who are enrolled in, and for two months after graduation from, vocational education programs of highly sought-after trades through the Technical College System of Georgia High Demand Career Initiative/HOPE Career Grant programs.
- Members enrolled through Georgia Pathways or TMA with incomes below 50% of the FPL.
- All other populations not enrolled in Georgia Pathways or TMA.

## Premium Amounts

**Table 2: Sliding Scale Monthly Premium Contribution Amounts**

Percent of FPL	Monthly Single	Monthly Spouse	Tobacco Surcharge
50% - 84%	\$7.00	\$4.00	\$3.00
85% - 99%	\$11.00	\$7.00	\$5.00
TMA 50% and above	\$11.00	\$7.00	\$5.00

## Penalties

As in commercial health insurance, members are required to pay premiums to maintain eligibility for Georgia Pathways. Members who miss a premium will have a three-month period to retain their Georgia Pathways eligibility without being disenrolled.

## Copayments

The same populations subject to premiums will also be required to pay copayments for certain services. These copayments, when combined with other household copayments, will not exceed 3% of the household's income. Copayments and premiums together will not exceed 5% of household income.



Copayments under Georgia Pathways will not be assessed at the point of service and will not be collected by providers. Copayments will be assessed retrospectively for services already received.

### **Copayment Amounts**

Services for which mandatory copayments will be assessed mirrors the existing copayment structure under the State Plan, except for the addition of a copayment for non-emergency use of the emergency department.

**Table 3: Copayment for Services**

<b>Service</b>	<b>Copay</b>
<b>Inpatient hospitalization</b>	\$12.50 for entire stay
<b>Outpatient hospital visit</b>	\$3.00 per visit
<b>Non-emergency use of the emergency department</b>	\$30.00 per visit
<b>Primary care</b>	\$0.00
<b>Specialist</b>	\$2.00
<b>Durable medical equipment (DME)</b>	\$3.00 \$1.00 for rentals and supplies
<b>Pharmacy – Copayment varies based on the cost to the State</b>	\$10.00 or less: \$0.50 \$10.01 to \$25.00: \$1.00 \$25.01 to \$50.00: \$2.00 \$50.01 or more: \$3.00

### **Member Rewards Account**

The State will maintain a Member Rewards Account for the same populations subject to premiums and copayments. Funds in the account will be available to pay copayments as well as to pay for services not covered by Medicaid that will support the member's health goals. Through the Account, the State will provide incentives for members to engage in healthy behaviors and activities that support improvements in health outcomes.

### **Estimated Annual Enrollment and Aggregate Expenditures**

The population that will enroll under this Demonstration is not currently Medicaid-eligible; therefore, no actual historical data is available to support Budget Neutrality projections. The base eligible population is the total count of uninsured Georgians under 100% of the FPL and between the ages of 19 and 64 as reported by the U.S. Census Bureau via the American Community Survey five-year estimates.

Enrollment reflects the State's estimates for both those enrolling in CMOs and individuals enrolling in the mandatory HIPP program.

**Table 4: Estimated Annual Enrollment by Demonstration Year**

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Estimated Enrollment	25,028	47,362	48,782	50,490	52,509
Estimated Member Months	300,342	473,616	487,824	504,898	525,094

No historical expenditure data for the target population to be covered by this Demonstration is available. The 21 to 64-year-old members in the State's Georgia Families managed care program were identified as the best available comparable population to formulate the base cost for the Georgia Pathways population.

**Table 5: Estimated Annual Federal and State Expenditures**

<b>Demonstration Year</b>	<b>Eligible Member Months</b>	<b>PMPM Cost</b>	<b>Total Expenditure</b>
<b>Year 1</b>	300,342	\$426.33	\$128,044,805
<b>Year 2</b>	473,616	\$428.73	\$203,053,388
<b>Year 3</b>	487,824	\$422.55	\$206,130,031
<b>Year 4</b>	504,898	\$433.11	\$218,676,373
<b>Year 5</b>	525,094	\$443.94	\$233,110,230
<b>Total Federal &amp; State Funds</b>			<b>\$989,014,476</b>

### Hypotheses and Evaluation Parameters

The key hypotheses for the Georgia Pathways Demonstration are as follows:

- Georgia Pathway policies will increase access to primary care.
- Georgia Pathway policies will reduce the number of uninsured in Georgia.
- Georgia Pathway policies will increase the number of Georgia Pathways participants who transition to commercial health insurance, including employer sponsored insurance and Marketplace plans, after separating from Medicaid.
- Georgia Pathway policies will encourage members to use Member Rewards Account for services outside of copays.
- Georgia Pathway policies will increase the number of Georgia residents under 100% of the FPL enrolled in employer sponsored insurance.
- Georgia Pathways policies will increase the number of adults under 100% of the FPL who are engaged in at least 80 hours a month of employment or employment-related activities.



- Georgia Pathways policies will increase wage growth for those made eligible for Medicaid through the Demonstration.
- The General Fund contribution will remain below the national average as measured by the National Association of State Budget (NASBO).

Georgia Pathways will use the following performance measures:

- The percentage of members 20 years and older who had an ambulatory or preventive care visit;
- Number of adults ages 19-64 in Georgia without healthcare coverage;
- Number of members with reported enrollment in commercial coverage, including ESI and Marketplace plans, within 1 year of disenrollment from Medicaid;
- The percentage of members who use their Member Rewards Account for added services;
- Number of enrolled members with employer sponsored insurance;
- Percentage of adults engaged in at least 80 hours per month of work or other employment-related activities;
- Incomes of those enrolled in Pathways or who transition off of Pathways to commercial coverage.

### **Waiver Authorities**

Below is a list of proposed waivers necessary to implement Georgia Pathways:

- **Reasonable Promptness: Section 1902(a)(3)/Section 1902(a)(8)**
  - To the extent necessary to enable Georgia to begin Medicaid coverage on the first day of the month following an individual's determination of eligibility.
  - To the extent necessary to enable Georgia to begin Medicaid coverage on the first day of the month following an individual's first premium payment.
- **Methods of Administration: Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53**
  - To the extent necessary to enable Georgia to waive non-emergency medical transportation services.
- **Provision of Medical Assistance: Section 1902(a)(8)**
  - To the extent necessary to enable Georgia to discontinue eligibility for, and not make medical assistance available to, members who fail to comply with the hours and activities threshold under Georgia Pathways.
- **Eligibility: Section 1902(a)(10)(A)**
  - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's determination of eligibility.
  - To the extent necessary to enable Georgia to delay coverage until the first day of the month following an individual's first premium payment.

- **Comparability of Eligibility Requirements: Section 1902(a)(10)(A)(i)(VIII) and 1902(a)(17)**
  - To the extent necessary to enable Georgia to require an hours and activities requirement as a condition to maintain eligibility.
- **Amount, Duration, Scope, and Comparability - Section 1902(a)(10)(B)**
  - To the extent necessary to enable Georgia to allow individuals to receive the benefits provided through an ESI plan, without wrap-around benefits.
- **Cost-Sharing: Section 1902(a)(14) insofar as it incorporates Section 1916 and 1916A**
  - To the extent necessary to enable Georgia to charge monthly premiums and higher co-pays.
- **Freedom of Choice: Section 1902(a)(23)**
  - To the extent necessary to enable Georgia to restrict the freedom of choice of providers for Demonstration eligibility groups.
- **Retroactive Eligibility: Section 1902(a)(34)**
  - To the extent necessary to enable Georgia to begin eligibility the month following determination of eligibility and payment of any required premium.
- **Prepayment Review: Section 1902(a)(37)(B)**
  - To the extent necessary to enable Georgia to ensure that prepayment review be available for disbursements by members to their providers through the Member Rewards Account.
- **Vision and Dental Coverage: Section 1902(a)(43)**
  - To the extent necessary to enable Georgia not to cover certain vision and dental services described in sections 1905(r)(2) and 1905(r)(3) of the Act for 19- and 20-year-old members.
- **133 Percent Income Level: Section 1902(a)(10)(A)(i)(VIII)**
  - To the extent necessary to enable Georgia to implement a lower income level for the Demonstration group.

Georgia is requesting a waiver of the income level specified in Section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, which will permit the State to implement an income level of 95% of the FPL, rather than 133% of the FPL, for the Demonstration group. This will allow the State to receive the full enhanced Federal Medical Assistance Percentage (FMAP) allowable under 42 U.S.C. Section 1396d(y).

## **Expenditure Authorities**

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by the State for the items identified below (which would not otherwise be included as matchable expenditures under section 1903) shall, for the period of the Demonstration be regarded as matchable expenditures under the State's Medicaid Title XIX State Plan. The expenditure authorities listed below promote the objectives of Title XIX.



## 1. Demonstration Population I.

- Expenditures to provide health services to non-disabled and non-elderly individuals age 19 through 64 with incomes above the Medicaid standard but at or below 100% of the FPL who are not otherwise eligible for Medicaid.
- Expenditures for premium assistance and associated cost-sharing to subsidize the employee's share of the costs of the insurance premium for employer sponsored health insurance to non-disabled and non-elderly low-income workers age 19 through 64 with incomes above the Medicaid standard but at or below 100% of the FPL who are not otherwise eligible for Medicaid as well as their spouses and their children, age 19 through 26, who are enrolled in their parents' ESI plan, who are not otherwise eligible for Medicaid.

## Locations to Access Copies of Public Notice and Waiver Application

This public notice, the abbreviated public notice, and the demonstration application are also available on the Department's website homepage, at

<https://medicaid.georgia.gov/patientsfirst>. This public notice, the abbreviated public notice, and the demonstration waiver application are also available for review at each county Division of Family and Children Services office. A comprehensive statewide list of locations of all Division of Family and Children Services offices can be found at <https://dfcs.georgia.gov/locations>.

Six opportunities for public comment:

- **Savannah, Georgia**  
Thursday, November 7, 2019, 9:00 a.m. EST  
Mercer School of Medicine – Savannah Campus  
Hoskins Center for Biomedical Research (*corner of 66<sup>th</sup> and Ranger Street*)  
1250 East 66<sup>th</sup> Street, Savannah, GA 31404
- **Macon, Georgia**  
Wednesday, November 13, 2019, 9:00 a.m. EST  
Mercer University School of Medicine – Macon Campus  
Mercer Auditorium  
1550 College Street, Macon GA 31207
- **Bainbridge, Georgia**  
Thursday, November 14, 2019, 9:00 a.m. EST  
Southern Regional Technical College  
The Charles H. Kirbo Regional Center, Dining Room 112  
2500 East Shotwell Street, Bainbridge, Georgia 39819

- **Gainesville, Georgia**  
Monday, November 18, 2019, 9:00 a.m. EST  
Gainesville Civic Center, Chattahoochee Room  
830 Green Street, N.E., Gainesville, Georgia 30501
- **Rome, Georgia**  
Thursday, November 21, 2019, 9:00 a.m. EST  
West-Rome Baptist Church, The Well Building  
914 Shorter Avenue, Rome, Georgia 30165
- **Kennesaw, Georgia**  
Friday, November 22, 2019, 10:00 a.m. EST  
North Cobb Regional Library, Multi-Purpose Room  
3535 Old 41 HWY, Kennesaw, Georgia 30144

DCH will accept oral comments at these meetings. Written comments will be accepted on or before December 3, 2019.

#### Overview of Section 1332 Draft Waiver

The 1332 Waiver is targeted for the individual commercial insurance market and is not subject to DCH's jurisdiction. These waivers have been designed to work seamlessly with one another along the continuum of coverage for low income Georgians. If you look across the country at states who have sought to address the issues of affordability and quality in coverage for their populations in the aftermath of the passage of the Affordable Care Act (ACA), you will not find an example like the one Georgia is pursuing.

The Section 1332 Waiver will be implemented in two phases. The goal of the first effort is stabilization of the individual commercial insurance market. We've seen significant volatility over the years and the state will pursue some strategies that have been successful in 12 out of 13 states that have approved 1332 waivers to implement a reinsurance program. The second phase, called Georgia Access, will seek to address the consumer experience of those who are seeking to purchase coverage on the individual market. The state will be proposing to transition from utilizing Healthcare.gov to an enhanced direct enrollment approach that will allow individuals seeking to buy subsidized coverage to go through online brokers to purchase their coverage that are motivated by commercial forces and competition or to go directly to a carrier. Today the only way to purchase coverage is through Healthcare.gov. The target population is individuals from 100% of FPL and above. Key tenants of this program are to expand choice and affordability. The State will seek to expand the number of plans that are available to individuals to choose but will not seek to waive pre-existing exclusion protections for any plan that would receive state subsidies. The State has worked with the carriers and the Office of Insurance to ensure we take into account timing in terms



of the rate setting process to ensure that carriers have the information they need to be able to file their rates in the timeframes that are set out in rules.

Key features of the program include, implementing a reinsurance program to help stabilize the individual market by reducing premiums and attracting and retaining carriers. Three quarters of the counties in Georgia, primarily rural communities, have a lack of choice with carriers that are apprehensive to enter certain markets. In 2021 the State is proposing to implement a claims-based reinsurance model with projected parameters that include an attachment point of \$20,000. Once a carrier has \$20,000 worth of incurred claims on an individual's behalf the reinsurance program would kick in. The reinsurance program would work on top of the primary insurance program and be capped at \$500,000 of incurred claims. We also are proposing a tiered coinsurance rate of 15%, 45%, and 80% with higher coinsurance rates applied to high-cost regions of the state. Targeting 10% reduction in average premiums statewide, Tier 1 rating regions can anticipate a 5% reduction, Tier 2 rating regions a 15% reduction, and Tier 3 rating regions approximately a 25% reduction.

As proposed by the Georgia Access Model, consumers would shop, compare, and purchase plans through the private sector, such as web-brokers or carriers. The State is seeking to leverage private sector mechanisms and incentives in the commercial market to provide education, outreach, and customer service to enhance the shopping experience. We believe this plan will drive the rate of insured individuals up and provide better customer service in helping people understand their health insurance options.

Implemented in 2022, the Georgia Access Model would be administered by the Governor's Office of Health Strategy and Coordination, which was created by legislation last year. It would work in conjunction with the Office of Insurance and the Department of Community Health. The Governor's Office of Health Strategy and Coordination would certify plans eligible for subsidies, calculate eligibility for subsidies, issue subsidies to plans on behalf of individuals, and provide program oversight and compliance.

What stays the same?

- Georgians will continue to have access to current Qualified Health Plans (QHPs) and High-Deductible Health Plan (HDHP) options
- Protections for pre-existing conditions
- A subsidy structure that mirrors the federal structure for 2022

Benefits of the Georgia Access Model include the ability for consumers to view all plans available to them which are licensed and in good standing with the state via web-broker platforms, the ability for consumers to enroll/re-enroll directly with carriers, and expands consumer choice of affordable options with eligible non-QHPs. The Georgia Access

Model provides flexibility for the state of Georgia to adjust the program structure as we move forward. Today, we are governed wholly by federal processes that are blanket and apply to all states that are participating on the Federally Facilitated Marketplace (FFM). This is how we can restore some of the authority of the state to be nimble and find Georgia solutions for Georgia challenges. We believe this is a novel approach that will help us in that direction.

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

Roger Folsom MADE a MOTION to approve for initial adoption the Georgia Pathways to Coverage 1115 Demonstration Waiver Public Notice. Russell Crutchfield SECONDED the MOTION. ON THE MOTION, the yeas were 9, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Georgia Pathways to Coverage 1115 Demonstration Waiver Public Notice is attached hereto and made an official part of these minutes as Attachment #3).

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

None to report.

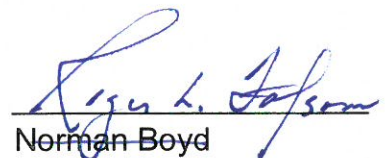
#### **Adjournment**

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

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 4th DAY OF November, 2019.



Allana Cummings  
Secretary



Norman Boyd  
Chairman

#### **Official Attachments:**

- #1 Agenda
- #2 List of Attendees
- #3 Georgia Pathways to Coverage 1115 Demonstration Waiver Public Notice