



PUBLIC NOTICE OF PROPOSED RULE CHANGES

Pursuant to the Georgia Administrative Procedure Act, Official Code of Georgia Annotated (O.C.G.A.) § 50-13-1 et seq., the Georgia Department of Community Health is required to provide public notice of its intent to adopt, amend, or repeal certain rules, other than interpretive rules or general statements of policy. Accordingly, the Department hereby provides notice of its intent to amend the Rules and Regulations for Medical Assistance, Hospital Directed Payment Program (HDPP), specifically Ga. Comp. R. & Regs., r. 111-3-11-.01, *Definitions*. These rules are proposed pursuant to the authority granted to the Department of Community Health in O.C.G.A. §§ 31-2-4, 31-7-1, et seq., and 31-8-179.1, et seq. The purpose of the proposed rule changes is to update the criteria for the HDPP to allow eligibility for children's hospitals to participate, consistent with the recently approved preprint authorization received from the Centers for Medicare and Medicaid Services (CMS). An exact copy of the revised rules and a synopsis of the revisions are attached to this public notice.

NOTICE OF PUBLIC HEARING

An opportunity for public comment will be held on April 10, 2026, at 11:30 a.m. via Zoom. There will be no in-person attendance at the Department of Community Health. The Zoom meeting ID number is 881 3186 3142 and the event password is "080078". Follow these instructions to join the event:

1. Click the link or copy and paste the link text to a browser:

<https://us02web.zoom.us/j/88131863142?pwd=Xd3pjIQHW9YPswb4pdh6aC6R8apuUM.1>

2. Click "Join Now"

To join by telephone: One tap mobile

+13017158592,,88131863142#,,,,*080078# US (Washington DC)

+13052241968,,88131863142#,,,,*080078# US

3. To join by SIP

• 88131863142@zoomcrc.com

Passcode: 080078

Oral comments will be limited to ten (10) minutes per person. Individuals who are disabled and require assistance to participate during this meeting should contact the Office of General Counsel at (470) 259-0735 at least three (3) business days prior to the meeting.



Individuals wishing to comment in writing on any of the proposed changes must do so on or before April 14, 2026, at 5:00 p.m. Due to reduced physical staffing at the 2 M.L.K., Jr. Drive, SE location, DCH encourages written public comments submitted in accordance with O.C.G.A. § 50-13-4(a)(2) to be submitted via e-mail to the following e-mail address: Public.Comment@dch.ga.gov. *Please note that any comments submitted are subject to open records.*

Written comments may be submitted via regular mail to the following address:

Attention: Alycia Allgood
Office of General Counsel
Georgia Department of Community Health
2 M.L.K. Jr. Drive, SE, 18th Floor, East Tower
Atlanta, GA 30334

If the proposed changes are presented to the Board for final action, relevant comments from written and public testimony will be provided to the Board. The Board expects to vote on the proposed changes at the Board meeting to be held on May 14, 2026, at 10:30 a.m. at the Department of Community Health unless withdrawn or withheld by the Department for further review.

NOTICE IS HEREBY GIVEN THIS 9th DAY OF APRIL 2026



Dean Burke, MD, Commissioner

**111. RULES OF DEPARTMENT OF COMMUNITY HEALTH
111-3. MEDICAL ASSISTANCE
111-3-11. HOSPITAL DIRECTED PAYMENT PROGRAM**

AMEND CHAPTER 111-3-11

SYNOPSIS OF REVISED RULE

STATEMENT OF PURPOSE:

The Georgia Department of Community Health proposes to amend and update the Rules and Regulations for Medical Assistance, Hospital Directed Payment Program (HDPP), Ga. Comp. R. & Regs. r. 111-3-11. These rules are proposed pursuant to the authority granted to the Department of Community Health in O.C.G.A. §§ 31-2-4, 31-7-1, et seq., and 31-8-179.1, et seq.

MAIN FEATURES OF THE PROPOSED RULED CHANGE:

The purpose of the proposed rule changes is to update the criteria for the HDPP to allow eligibility for children's hospitals to participate, consistent with the recently approved preprint authorization received from the Centers for Medicare and Medicaid Services (CMS).

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AMEND CHAPTER 111-3-11

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111-3-11-.01 Definitions

Rule 111-3-11-.01. Definitions

As used in this Chapter 111-3-11:

- (1) "Board" means the Board of Community Health, the body created under O.C.G.A. § 31-2-3, appointed by the Governor, that establishes the general policy to be followed by the Department of Community Health.
- (2) "Care Management Organization" means a managed care organization defined in 42 CFR § 438.2 and O.C.G.A. § 33-21A-2(1).
- (3) "Department" means the Department of Community Health established under O.C.G.A. § 31-2-3.
- (4) "Directed Payment" means any payment made to hospitals by Care Management Organizations pursuant to their Medicaid managed care contracts with the Department as authorized under 42 CFR § 438.6(c).
- (5) "Hospital" means an institution license pursuant to Chapter 7 of Title 31, which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. Such term includes public, private, rehabilitative, geriatric, osteopathic, and other specialty hospitals, but shall not include psychiatric hospitals, which shall have the same meaning as facilities defined in paragraph (7) of O.C.G.A. § 37-3-1, critical access hospitals as defined in paragraph (3) of O.C.G.A. § 33-21A-2, or any state owned or state-operated hospitals.
- (6) "Non-Governmental Hospital" means a subclass of Hospitals, authorized to be defined by the Board pursuant to paragraph (a) of O.C.G.A. § 31-8-179.2, that shall not include public, long term acute care, ~~children's~~, rehabilitative, geriatric, osteopathic, and ~~other specialty hospitals~~, psychiatric hospitals which shall have the same meaning as facilities as defined in paragraph (7) of O.C.G.A. § 31-8-179.2, critical access hospitals as defined in paragraph (3) of O.C.G.A. § 33-21A-2, or any state-owned or state-operated hospitals.
- (7) "Provider Payment" means a payment assessed by the Department pursuant to this chapter for the privilege of operating a Non-Governmental Hospital.
- (8) "Segregated Account" means an account for the dedication and deposit of Provider Payments which is established within the Trust Fund.
- (9) "Trust Fund" means the Indigent Care Trust Fund created by Article 6 of Chapter 8 of Title 31.
- (10) "Waiver" means a waiver of the requirements for permissible health care related taxes, as provided for in 42 C.F.R § 433.68.

Authority: O.C.G.A. § 31-8-179.~~31~~, et seq.