

## **PUBLIC NOTICE**

### **Managed Care Risk Mitigation COVID-19 Public Health Emergency Section 1115 Demonstration**

Notice is hereby given that the Department of Community Health (Department) submitted a Managed Care Risk Mitigation COVID-19 Public Health Emergency (PHE) section 1115 demonstration application to the Centers for Medicare & Medicaid Services (CMS) on November 23, 2021. This 1115 demonstration is expected to help the Department furnish medical assistance in a manner intended to protect, to the extent possible, the health, safety and welfare of individuals and providers who may be affected by the COVID-19 PHE. The application was approved by CMS on January 18, 2022. This notice provides details about the waiver submission and serves to open the 30-day post-submission public notice process, which closes on March 14, 2022.

Pursuant to 42 CFR §431.416(g), CMS determined that the existence of unforeseen circumstances resulting from the COVID-19 PHE justified an exception to the normal state and federal public notice process. Thus, the Department was not required to conduct a public notice and input process. Notwithstanding, the Department is issuing this post-submission public notice.

#### **Executive Summary**

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act) as amended (42 U.S.C. 1320b-5). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate upon termination of the public health emergency (PHE), including any extensions.

On March 22, 2020, CMS issued State Medicaid Director Letter #20-002 regarding COVID-19 Public Health Emergency Section 1115(a) Opportunities for States. This notice informed State Medicaid Agencies of the opportunity to submit an 1115 demonstration application to address the impacts of the PHE.<sup>1</sup> In response, the Department submitted a Managed Care Risk Mitigation COVID-19 PHE Section 1115 demonstration application. The application was approved by the Centers for Medicare & Medicaid Services on January 18, 2022. The new provisions were

---

<sup>1</sup> See SMDL #20-002, "COVID-19 Public Health Emergency Section 1115(a) Opportunity for States," available at <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20002-1115template.docx>.

incorporated, by way of an amendment, into the Department's current Planning for Healthy Babies Section 1115(a) Demonstration.

### **1115 Demonstration Overview and Goals**

The objective of this Section 1115 Waiver is to assist the Department in making appropriate and equitable payments to Georgia's Care Management Organizations (CMO) by allowing the Department to implement retroactive risk-sharing mechanisms that could result in increased or decreased payments to Georgia's Care Management Organizations based upon significant fluctuations in utilization during the COVID-19 pandemic. This authority permits the Department to add or modify a risk-sharing arrangement with a CMO after the start of the applicable rating period. Additionally, this authority exempts the Department from complying with the current requirements in section 42 CFR 438.6(b)(1) until the end of the PHE.

This 1115 demonstration is deemed budget neutral, and does not impact eligibility, enrollment or coverage of Medicaid members.

### **Locations to Access this Public Notice**

This public notice is available for review at each county Division of Family and Children Services (DFCS) office. The public notice may also be located on the Department of Community Health's website by selecting either of the following links: <https://dch.georgia.gov/meetings-notice/public-notice> or <https://dch.georgia.gov/how-do-i/covid-19-ga-dch>. A copy of the 1115 demonstration application, CMS approval letter, and acceptance letter are included with this notice.

Individuals wishing to provide written comments regarding this 1115 demonstration should do so on or before **March 14, 2022**, to the Board of Community Health, Post Office Box 1966, Atlanta, Georgia 30301-1966. You may also email comments to Danisha Williams, [danwilliams@dch.ga.gov](mailto:danwilliams@dch.ga.gov) or fax to 404-651-6880. Comments submitted will be available for review by submitting a request via email to Danisha Williams, [danwilliams@dch.ga.gov](mailto:danwilliams@dch.ga.gov).

**NOTICE IS HEREBY GIVEN THIS 10<sup>th</sup> DAY OF FEBRUARY 2022**

**Caylee Noggle, Commissioner**

## COVID-19 Section 1115(a) Demonstration Application Template

The State of Georgia, Department of Community Health proposes emergency relief as an affected state, through the use of section 1115(a) demonstration authority as outlined in the Social Security Act (the Act), to address the multi-faceted effects of the novel coronavirus (COVID-19) on the state's Medicaid program.

---

### I. DEMONSTRATION GOAL AND OBJECTIVES

Effective retroactively to March 1, 2020, the State of Georgia, seeks section 1115(a) demonstration authority to operate its Medicaid program without regard to the specific statutory or regulatory provisions (or related policy guidance) described below, in order to furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19. Specifically, this demonstration action tests whether, in the context of the current COVID-19 public health emergency (PHE), an exemption from the regulatory prohibition in 42 C.F.R. § 438.6(b)(1) promotes the objectives of Medicaid. CMS will investigate how relaxing this regulatory requirement to permit retroactive risk sharing results in either increased or decreased payments to plans, given the significant fluctuations in utilization that may occur during a pandemic. In addition, CMS will evaluate whether payments under the retroactive risk mitigation arrangements are developed in accordance with all applicable requirements in 42 C.F.R. § 438, including §§ 438.4 and 438.5, and generally accepted actuarial principles and practices. CMS will ascertain whether the harms contemplated by the 2020 managed care final rule, i.e., the implementation of risk mitigation after the start of the rating period may not truly reflect shared risk, are outweighed by the harms of not allowing retroactive risk sharing during a public health emergency, i.e., substantially inaccurate or inequitable payments, given the severe disruption in utilization. In addition, CMS will analyze what the state and managed care plans ultimately negotiate as a result of the implementation of retroactive risk sharing, and this analysis will inform future rulemaking about potential exceptions to retroactive risk mitigation including guardrails that will be required in such agreements.

To that end, the expenditure authority is expected to support the state with making appropriate, equitable payments during the PHE to help maintain beneficiary access to care, and to facilitate meeting any alternative or additional objectives specified by the state in its requests for the demonstration authority. This exemption allows the state to enter into a risk mitigation arrangement with a Medicaid managed care plan after the applicable contract period has begun, provided that the contract and rating period begin or end during the COVID-19 PHE.

This authority is effective regardless of whether the state substantially complied with the regulation by, for example, submitting unsigned contracts and rate certification documents for CMS review either before or after the effective date of the new regulation but before the start of the rating period.

---

## II. DEMONSTRATION DELIVERY SYSTEM PROJECT FEATURES

### A. Delivery System:

Check to Apply	Delivery System Description
X	The health care delivery system for the provision of services under this demonstration will be implemented in the same manner as under the state's current state plan.
	Other as described here: <i>[state to insert description]</i>

---

## III. ENROLLMENT AND EXPENDITURE PROJECTIONS

- A. **Enrollment and Enrollment Impact.** This demonstration will not impact the eligibility, enrollment, or coverage of Medicaid beneficiaries. The state projects that the Medicaid managed care plans impacted by this demonstration will continue to provide coverage for approximately 2 million individuals for the period of the demonstration.
- B. **Expenditure Projection.** The state projects that the total aggregate expenditures associated with this section 1115 demonstration will be \$15,511,407,811.

In light of the unprecedented emergency circumstances associated with the COVID-19 pandemic and consistent with the President's proclamation that the COVID-19 outbreak constitutes a national emergency consistent with section 1135 of the Act, and the time-limited nature of demonstrations that would be approved under this opportunity, the Department will not require the state to submit budget neutrality calculations for section 1115 demonstration projects designed to combat and respond to the spread of COVID-19. In general, CMS has determined that the costs to the Federal Government are likely to have otherwise been incurred and allowable. The state will still be required to monitor and descriptively evaluate the effectiveness of the risk mitigation arrangements implemented as part of the state's response to the public health emergency through this

opportunity. Due to the COVID-19 public health emergency (PHE), this demonstration is deemed budget neutral.

#### **IV. EXPENDITURE AUTHORITY**

The only authority available under this section 1115 demonstration opportunity is the expenditure authority provided below. Note: Any requests for waiver or expenditure authorities in addition to those identified in this template will not be considered.

##### **Expenditure Authority**

Pursuant to section 1115(a)(2) of the Act, the state is requesting the following expenditure authority:

Permit Georgia to add or modify risk sharing mechanisms such as reinsurance, risk corridors, or stop-loss limits after the start of a rating period provided that the contract and rating period(s) begin or end during the COVID-19 PHE. This expenditure authority exempts the state from compliance with the requirements under 42 C.F.R. § 438.6(b)(1) and allows Georgia to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, states from compliance with the current requirements in section 438.6(b)(1), until the end of the PHE. The authority would allow one or more retroactive risk mitigation arrangements to remain in place even if the state and the managed care plan had agreed to these arrangements after the requirements in section 438.6(b)(1) became effective. This authority is effective regardless of whether the state substantially complied with the regulation by, for example, submitting unsigned contracts and rate certification documents for CMS review either before or after the effective date of the new regulation but before the start of the rating period. This authority lasts only for the duration of the PHE.

More specifically, if the contract and rating period(s) begin or end during the COVID-19 PHE and the contract was signed prior to the last day of the PHE, the state can retroactively implement one or more risk sharing arrangements for the full duration of the rating period. If the rating period(s) ended on or after March 1, 2020 and ended prior to the last day of the PHE, the state can retroactively implement one or more risk sharing arrangements for the full duration of the rating period. If the rating period began after March 1, 2020, and prior to the last day of the PHE, the state can retroactively implement one or more risk sharing arrangements for the full duration of the rating period. A state can only retroactively implement risk sharing arrangements for multiple rating periods if the contract signature criteria as well as the rating period beginning and ending criteria are met for each rating period.

#### **V. PUBLIC NOTICE**

Pursuant to 42 C.F.R. § 431.416(g), the state is exempt from conducting a state public notice and input process as set forth in 42 C.F.R. § 431.408 to expedite a decision on this section 1115 demonstration that addresses the COVID-19 public health emergency.

#### **VI. EVALUATION REQUIREMENTS**

**A. Evaluation Hypotheses and Design Parameters.** The demonstration will test how the expenditure authority permitting retroactive risk mitigation arrangements with Medicaid managed care plans support the state with making appropriate, equitable payments during the course of the COVID-19 public health emergency to help maintain beneficiary access to care. The parameters of the state’s Evaluation Design, which will be expected no later than 180 calendar days after the approval of the demonstration, will support an evaluation that will advance CMS’s understanding of the successes and challenges in implementing potential exceptions to retroactive risk mitigation through future rulemaking.

CMS will provide further guidance on appropriate evaluation questions for the Evaluation Design.

**B. Final Report.** The state is required to prepare and submit a Final Report, that will consolidate the monitoring and evaluation reporting requirements for this section 1115 demonstration authority. The draft Final Report will be due to CMS 12 months after the expiration of the demonstration approval period. The Final Report should provide analysis and discussion of qualitative and descriptive data to address evaluation questions that support understanding the successes, challenges, and lessons learned in implementing the demonstration. Per 42 C.F.R. § 431.428, the Final Report will also capture all *applicable* requirements stipulated for an annual report (e.g., incidence and results of any audits, investigations or lawsuits, or any state legislative developments that may impact the demonstration). CMS will provide further guidance on the scope, structure, and content of the Final Report.

In the event that the demonstration authority is approved in the 60 days after the end of the federal PHE, CMS will coordinate with the state to establish a reasonable timeline for the due dates of the Evaluation Design and the Final Report.

---

## VII. STATE CONTACT AND SIGNATURE

State Medicaid Director Name: Lynnette R. Rhodes  
Telephone Number: (404) 656-7513 or (404) 558-0479  
E-mail Address: lrhodes@dch.ga.gov

State Lead Contact for Demonstration Application: Lynnette R. Rhodes  
Telephone Number: (404) 656-7513 or (404) 558-0479  
E-mail Address: lrhodes@dch.ga.gov

Authorizing Official (Typed): \_\_\_\_\_  
Authorizing Official (Signature): \_\_\_\_\_  
Date: 11/23/2021

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2024). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1115 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*CMS Disclosure\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Teresa DeCaro at 410-786-9686 or at [1115demorequests@cms.hhs.gov](mailto:1115demorequests@cms.hhs.gov).

---

January 18, 2022

Lynette Rhodes  
Medicaid Director and Executive Director of Medical Assistance Plans Division  
Georgia Department of Community Health  
2 Peachtree Street, NW, Suite 36450  
Atlanta, GA 30303

Dear Ms. Rhodes:

Georgia submitted a Managed Care Risk Mitigation COVID-19 Public Health Emergency (PHE) section 1115 demonstration application on November 23, 2021. This letter serves as time-limited approval of the request included in the state's Managed Care Risk Mitigation COVID-19 PHE section 1115 demonstration application, which will be approved as an amendment under the "Georgia Planning for Healthy Babies" section 1115(a) demonstration (Project Number 11-W-002494).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act) as amended (42 U.S.C. 1320b-5). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect on March 15, 2020, with a retroactive effective date of March 1, 2020. We note that the emergency period will terminate upon termination of the public health emergency (PHE), including any extensions.

In response to the section 1115(a) demonstration opportunity announced to states on March 22, 2020 in State Medicaid Director Letter (SMDL) #20-002,<sup>1</sup> on November 23, 2021, Georgia submitted an 1115 COVID-19 demonstration application to address the COVID-19 PHE. CMS has determined that the state's application is complete, consistent with the exemptions and

---

<sup>1</sup> See SMDL #20-002, "COVID-19 Public Health Emergency Section 1115(a) Opportunity for States," available at <https://www.medicare.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd20002-1115template.docx>.



flexibilities outlined in 42 CFR § 431.416(e)(2) and 431.416(g).<sup>2</sup> CMS expects that states will offer, in good faith and in a prudent manner, a post-submission public notice process, including tribal consultation as applicable, to the extent circumstances permit.

This amendment would test whether, in the context of the current COVID-19 PHE, an exemption from the regulatory prohibition in 42 CFR § 438.6(b)(1) promotes the objectives of Medicaid. To that end, the expenditure authority is expected to support states with making appropriate, equitable payments during the PHE to help maintain beneficiary access to care. This exemption allows states to enter into or modify a risk mitigation arrangement with a Medicaid managed care plan after the applicable rating period has begun.

CMS has determined that this amendment – including the expenditure authority detailed below – promotes the objectives of Medicaid because it is necessary to ensure appropriate, equitable payment for services during the PHE, and it assists the state in delivering the most effective care to its beneficiaries in light of the COVID-19 PHE. To that end, the demonstration amendment is expected to help the state furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by the COVID-19 PHE. This authority is effective regardless of whether the state substantially complied with the regulation by, for example, submitting unsigned contracts and rate certification documents for CMS review either before or after the effective date of the new regulation but before the start of the rating period.

As part of ongoing managed care oversight, CMS will investigate how providing this authority results in either increased or decreased payments to plans, given the significant fluctuations in utilization that may occur during a pandemic. In addition, CMS's managed care oversight efforts will include an assessment of whether and how payments under the retroactive risk mitigation arrangements, which must be developed in accordance with all other applicable requirements in 42 CFR § 438, including §§ 438.4 and 438.5, and generally accepted actuarial principles and practices, are sufficient to cover costs under the managed care contract. Finally, CMS will ascertain how the implementation of risk mitigation after the start of the rating period, which may not truly address the uncertainty inherent in setting capitation rates prospectively, compares to not allowing retroactive risk sharing during a PHE, which may lead to substantially inaccurate or inequitable payments given the severe disruption in utilization. As with all section 1115 demonstrations, CMS will take into account the experience of the state and managed care plans in this demonstration, gathering more information about the efficacy of such a demonstration during a PHE.

### **Expenditure Authority**

CMS is approving expenditure authority for the state to add or modify a risk sharing arrangement after the start of the rating period to maintain capacity during the emergency. This expenditure

---

<sup>2</sup> Pursuant to 42 CFR 431.416(g), CMS has determined that the existence of unforeseen circumstances resulting from the COVID-19 PHE warrants an exception to the normal state and federal public notice procedures to expedite a decision on a proposed COVID-19 section 1115 demonstration. States applying for a COVID-19 section 1115 demonstration are not required to conduct a public notice and input process. CMS is also exercising its discretionary authority to expedite its normal review and approval processes to render timely decisions on state applications for COVID-19 section 1115 demonstrations. CMS will post all section 1115 demonstrations approved under this COVID-19 demonstration opportunity on the Medicaid.gov website.

authority applies only to contracts and rating periods that begin or end during the COVID-19 PHE. This expenditure authority allows the state to add or modify the risk sharing mechanism(s) after the start of the rating period as specified in the state's contracts with its Medicaid managed care plans. The authority would exempt, as necessary, the state from compliance with the current requirements in section 438.6(b)(1), until the end of the PHE. The authority would allow one or more retroactive risk mitigation arrangements to remain in place even if the state and the managed care plan had agreed to these arrangements after the requirements in section 438.6(b)(1) became effective. This authority is effective regardless of whether the state substantially complied with the regulation by, for example, submitting unsigned contracts and rate certification documents for CMS review either before or after the effective date of the new regulation, but before the start of the rating period.

If the contract and rating period begins or ends during the COVID-19 PHE and the contract was signed prior to the last day of the PHE, CMS is hereby granting expenditure authority to permit the state to retroactively implement one or more risk sharing arrangements for the full duration of the rating period. If the rating period *ended* on or after March 1, 2020 and ended prior to the last day of the PHE, the state can retroactively implement one or more risk sharing arrangements for the full duration of the rating period. If the rating period *began* after March 1, 2020, and prior to the last day of the PHE, the state can retroactively implement one or more risk sharing arrangements for the full duration of the rating period. A state can only retroactively implement risk sharing arrangements under this demonstration for multiple rating periods if the contract signature criteria as well as the rating period beginning and/or ending criteria are met for each rating period.

### **Monitoring and Evaluation Requirements**

Consistent with CMS requirements for monitoring and evaluation of section 1115 demonstrations, the state will be required to develop an Evaluation Design and a Final Report, that will consolidate the demonstration's monitoring and evaluation requirements. The draft Evaluation Design will be due to CMS no later than 180 calendar days after approval of the demonstration. The draft Final Report will be due to CMS 18 months after either the expiration of the demonstration approval period or the end of the latest rating period covered under the state's approved expenditure authority, whichever comes later.

CMS will provide guidance to help the state fulfill the monitoring and evaluation requirements, including assistance in developing the Evaluation Design. Given the unique circumstances and time-limited nature of the demonstration, CMS expects Georgia to undertake data collection or analyses that are meaningful but not unduly burdensome for the state. Specifically, the state should focus on qualitative methods and descriptive statistics to address evaluation questions that will support understanding the successes, challenges, and lessons learned in implementing the demonstration. The state is also expected to review 42 CFR § 431.428 to ensure that the Final Report captures all applicable requirements stipulated for an annual report (e.g., incidence and results of any audits, investigations or lawsuits, or any state legislative developments that may impact the demonstration). The Evaluation Design and the Final Report will cover all risk sharing arrangements and rating periods under the scope of the demonstration.

Once approved, per 42 CFR § 431.424(e), the state is required to post the Evaluation Design to its Medicaid agency website within 30 calendar days of CMS approval. Likewise, per the

standard Public Access requirement associated with section 1115 demonstration deliverables, the state will post the CMS-approved Final Report to its website within 30 calendar days of CMS approval.

Per 42 CFR § 431.420(f), the state must comply with any requests for data from CMS and/or its federal evaluation contractors.

In addition to the section 1115 monitoring and evaluation requirements outlined above, the state must separately comply with the applicable managed care reporting requirements per 42 CFR § 438.66 and section 1936(b) of the Social Security Act.

*Other Information*

Approval of this expenditure authority is conditioned upon continued compliance with the previously approved STCs, which set forth in detail the nature, character and extent of anticipated federal involvement in the project.

In addition, the approval is subject to CMS receiving written acceptance of this award within 15 days of the date of this approval letter. Your project officer is Wanda Boone-Massey. Ms. Boone-Massey is available to answer any questions concerning implementation of the state's section 1115(a) demonstration amendment and her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-25-26  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850  
Email: Wanda.Boone-Massey@cms.hhs.gov

We appreciate your state's commitment to addressing the significant challenges posed by the COVID-19 pandemic, and we look forward to our continued partnership on the Georgia Planning for Healthy Babies section 1115(a) demonstration. If you have any questions regarding this approval, please contact Ms. Judith Cash, Director, State Demonstrations Group, Center for Medicaid and CHIP Services, at (410) 786-9686.

Sincerely,



Daniel Tsai  
Deputy Administrator and Director

cc: Etta Hawkins, State Monitoring Lead, Medicaid and CHIP Operations Group



January 25, 2021

**Via Email: [Wanda.Boone-Massey@cms.hhs.gov](mailto:Wanda.Boone-Massey@cms.hhs.gov)**

Wanda Boone-Massey  
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop S2-25-26  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

***Re: Acknowledgement and Acceptance of the Georgia Managed Care Risk Mitigation COVID-19 Public Health Emergency (PHE) 1115 Demonstration Monitoring, Evaluation, and Reporting Requirements; (Project Number: 11-W-002494)***

Dear Ms. Boone-Massey:

The Georgia Department of Community Health (DCH) hereby accepts and acknowledges receipt of the Managed Care Risk Mitigation COVID-19 Public Health Emergency (PHE) 1115 Demonstration monitoring, evaluation, and reporting requirements provided to DCH on January 18, 2022. We acknowledge that the new requirements were included as an amendment under the Georgia Planning for Healthy Babies Section 1115 Demonstration. We appreciate the collaboration throughout this process. Should you have any questions or concerns regarding this acknowledgement and acceptance letter, I may be reached at (404) 656-7513 or via email at [lrhodes@dch.ga.gov](mailto:lrhodes@dch.ga.gov).

Regards,

---

Lynnette R. Rhodes  
Executive Director

cc: Etta Hawkins, State Monitoring Lead, Medicaid and CHIP Operations Group, CMS  
Caylee Noggle, Commissioner, DCH  
Ryan Loke, Deputy Commissioner, DCH  
Brian Dowd, Deputy Executive Director, DCH  
Kelvin Holloway, MD, Deputy Executive Director, DCH  
Catherine Ivy, Deputy Executive Director, DCH