

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

Lynette Rhodes
Acting Medicaid Director
State of Georgia, Department of Community Health
2 Peachtree St, NW, Suite 36450
Atlanta, GA 30303

JUN 28 2019

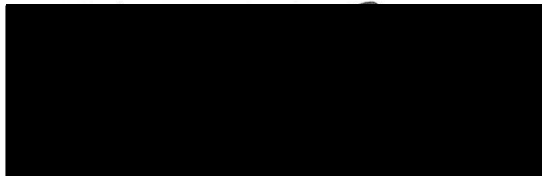
Dear Ms. Rhodes:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved a two-month temporary extension of the state's section 1115 demonstration, entitled "Planning for Healthy Babies (P4HB)" (Project Number 11-W-00249/4), in order to allow the state and CMS to continue working together on approval of the extension of this demonstration. This demonstration is now to expire on August 31, 2019.

CMS' approval is conditioned upon the state's continued compliance with the Special Terms and Conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The current STCs and expenditure authorities will continue to apply during the temporary extension of this demonstration until August 31, 2019.

Your CMS project officer for this demonstration is Annie Hollis. She is available to answer any questions concerning your section 1115 demonstration. Ms. Hollis can be reached at annie.hollis@cms.hhs.gov.

If you have questions regarding this communication, please contact me at (410) 786-9686.



Judith Cash
Director

cc: Trina Roberts, Deputy Director, Division of Medicaid Field Operations South

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

MAR 29 2019

Blake T. Fulenwider
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree St, NW, Suite 36450
Atlanta, GA 30303

Dear Mr. Fulenwider:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (P4HB) section 1115 demonstration (Project Number 11-W-00249/4), which is due to expire on March 31, 2019. This temporary extension will allow the state and CMS to continue working together on approval of the extension of this demonstration. This demonstration is now to expire on June 30, 2019.

CMS' approval is conditioned upon the state's continued compliance with the Special Terms and Conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The current STCs and expenditure authorities will continue to apply during the temporary extension of this demonstration until June 30, 2019.

Your CMS project officer for this demonstration is Ms. Annie Hollis. She is available to answer any questions concerning your section 1115 demonstration. Ms. Hollis' contact information is as follows:


Ms. Annie Hollis
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-25-26
7500 Security Boulevard
Baltimore, MD 21244-1850
Email: Annie.Hollis@cms.hhs.gov

Official communications regarding demonstration program matters should be sent simultaneously to Ms. Annie Hollis and to Trina Roberts, Deputy Director, Division of Medicaid Field Operations South. Her contact information is as follows:

Trina Roberts, MSN, RN
Deputy Director
Division of Medicaid Field Operations South
Center for Medicaid & CHIP Services
61 Forsyth St. S.W., Suite 4T20
Atlanta, GA 30303-8909
Email: Shantrina.Roberts@cms.hhs.gov

If you have any additional questions, please contact me at (410) 786-9686.

Sincerely,



Judith Cash
Director

cc: Trina Roberts, Deputy Director, Division of Medicaid Field Operations South

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

March 1, 2018

Blake Fulenwider
Deputy Commissioner
Chief, Medical Assistance Plans
Georgia Department of Community Health
2 Peachtree Street, NW, 36th Floor
Atlanta, Georgia 30303

Dear Mr. Fulenwider:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved a twelve month temporary extension of the state's section 1115 demonstration, entitled "Georgia Planning for Healthy Babies" (Project Number: 11-W-00249/4) in order to allow the state and CMS to continue working together on approval of the extension of this demonstration. This demonstration is now set to expire on March 31, 2019.

CMS' approval is conditioned upon the state's continued compliance with the Special Terms and Conditions (STCs) defining the nature, character, and extent of anticipated federal involvement in the project. The current STCs, waiver, and expenditure authorities will continue to apply during the temporary extension of this demonstration until March 31, 2019.

Your project officer for this demonstration is Emmett Ruff. He is available to answer any questions concerning your section 1115 demonstration. Mr. Ruff's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-4252
E-mail: emmett.ruff@cms.hhs.gov

Official communications regarding this demonstration should be sent simultaneously to Mr. Ruff and to Mr. Charles Friedrich, Associate Regional Administrator (ARA) for the Division of

Medicaid and Children's Health in our Atlanta Regional Office. Mr. Friedrich's contact information is as follows:

Mr. Charles Friedrich
Centers for Medicare & Medicaid Services
Atlanta Federal Center, Suite 4T20
61 Forsyth Street, South West
Atlanta, GA 30303-8909

If you have additional questions, please contact me at (410) 786-9686.

Sincerely,

/s/

Judith Cash
Acting Director

cc: Charles Friedrich, ARA, CMS Atlanta Regional Office
Etta Hawkins, Georgia State Lead, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

March 22, 2017

Linda Wiant
Chief of Medical Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies section 1115 family planning demonstration (Project No. 11-W-00249/4) until March 31, 2018. This temporary extension will allow the state and CMS to continue working together on approval of the demonstration extension.

The Planning for Healthy Babies demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the demonstration until March 30, 2018.

If you have any questions, please do not hesitate to contact your project officer, Mr. Felix Milburn. Mr. Milburn can be reached at (410) 786-1315 or at felix.milburn@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Etta Hawkins, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

September 23, 2016

Linda Wiant
Chief of Medical Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until March 30, 2017. This temporary extension will allow the state and CMS to continue working together on approval of the demonstration extension.

The Planning for Healthy Babies demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the demonstration until March 30, 2017.

If you have any questions, please do not hesitate to contact your project officer, Mr. Felix Milburn. Mr. Milburn can be reached at (410) 786-1315 or at felix.milburn@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Etta Hawkins, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

June 20, 2016

Linda Wiant
Chief of Medical Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until September 30, 2016. This temporary extension will allow the state and CMS to continue working together on approval of the demonstration extension.

The Planning for Healthy Babies demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the demonstration until June 30, 2016.

If you have any questions, please do not hesitate to contact your project officer, Mr. Felix Milburn. Mr. Milburn can be reached at (410) 786-1315 or at felix.milburn@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Etta Hawkins, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

March 30, 2016

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until June 30, 2016. This temporary extension will allow the state and CMS to continue working together on approval of the demonstration extension.

The Planning for Healthy Babies demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the demonstration until June 30, 2016.

If you have any questions, please do not hesitate to contact your project officer, Ms. Julie Sharp. Ms. Sharp can be reached at (410) 786-2292 or at juliana.sharp@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Etta Hawkins, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

January 29, 2016

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until March 31, 2016. This temporary extension will allow the state and CMS to continue working together on approval of the demonstration extension.

The Planning for Healthy Babies demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the demonstration until March 31, 2016.

If you have any questions, please do not hesitate to contact your project officer, Ms. Julie Sharp. Ms. Sharp can be reached at (410) 786-2292 or at juliana.sharp@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

November 30, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until January 31, 2016. This temporary extension will allow the state and CMS to continue working together on approval of the demonstration extension.

The Planning for Healthy Babies demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the demonstration until January 31, 2016.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059 or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

October 29, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until November 30, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the Planning for Healthy Babies demonstration until November 30, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059 or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

July 28, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until October 31, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the Planning for Healthy Babies demonstration until October 31, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059 or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office



State Demonstrations Group

August 27, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until September 30, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the Planning for Healthy Babies demonstration until September 30, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059 or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



State Demonstrations Group

July 28, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

This letter is to inform you that the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration until August 31, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the Planning for Healthy Babies demonstration until August 31, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059 or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

June 30, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration, which was due to expire on June 30, 2015, until July 31, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the Planning for Healthy Babies demonstration until June 30, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059, or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

May 29, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration, which was due to expire on May 31, 2015, until June 30, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the Planning for Healthy Babies demonstration until June 30, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059, or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

April 29, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration, which was due to expire on April 30, 2015, until May 31, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the Planning for Healthy Babies demonstration until May 31, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059, or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

March 31, 2015

Linda Wiant
Chief of the Medicaid Assistance Plans
State of Georgia, Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Ms. Wiant:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration, which was due to expire on March 31, 2015, until April 30, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and Special Terms and Conditions will continue to apply to the Planning for Healthy Babies demonstration until April 30, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Lane Terwilliger. Ms. Terwilliger can be reached at (410) 786-2059, or at lane.terwilliger@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV

Children and Adults Health Programs Group

February 27, 2015

Clyde L. Reese III, Esq.
Acting Chief of the Medicaid Division
Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Mr. Reese:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration, which is due to expire on February 28, 2015 until March 31, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and special terms and conditions will continue to apply to the Planning for Healthy Babies demonstration until March 31, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Shanna Janu. Ms. Janu can be reached at (410) 786-1370, or at shanna.janu@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

January 29, 2015

Clyde L. Reese III, Esq.
Acting Chief of the Medicaid Division
Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Mr. Reese:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration, which is due to expire on January 31, 2015 until February 28, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and special terms and conditions will continue to apply to the Planning for Healthy Babies demonstration until February 28, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Shanna Janu. Ms. Janu can be reached at (410) 786-1370, or at shanna.janu@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

December 23, 2014

Jerry Dubberly
Chief of the Medicaid Division
Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Mr. Dubberly:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration, which is due to expire on December 31, 2014, until January 31, 2015. This temporary extension will allow the state and CMS to continue working together on approval of the extension of the Planning for Healthy Babies demonstration.

The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and special terms and conditions will continue to apply to the Planning for Healthy Babies demonstration until January 31, 2015.

If you have any questions, please do not hesitate to contact your project officer, Ms. Shanna Janu. Ms. Janu can be reached at (410) 786-1370, or at shanna.janu@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, Associate Regional Administrator, Region IV
Tandra Hodges, CMS Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

May 8, 2014

Jerry Dubberly
Chief of the Medicaid Division
Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Mr. Dubberly:

Thank you for the state's request to extend Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) section 1115 family planning demonstration, which is due to expire on June 30, 2014.

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of your demonstration until December 31, 2014. The demonstration will continue to operate under the authority of section 1115(a) of the Social Security Act. Additionally, the current list of expenditure authorities and special terms and conditions will continue to apply to the Planning for Healthy Babies demonstration until December 31, 2014.

If you have any questions, please do not hesitate to contact your project officer, Ms. Shanna Wiley. Ms. Wiley can be reached at (410) 786-1370, or at shanna.wiley@cms.hhs.gov. We look forward to continuing to work with you and your staff on this demonstration.

Sincerely,

/s/

Eliot Fishman
Director

cc: Jackie Glaze, ARA, Region IV
Tandra Hodges, Atlanta Regional Office

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

June 27, 2013

Jerry Dubberly
Chief of the Medicaid Division
Department of Community Health
2 Peachtree Street, NW, Suite 36450
Atlanta, GA 30303

Dear Mr. Dubberly:

With this letter, the Centers for Medicare & Medicaid Services (CMS) is granting a temporary extension of Georgia's Planning for Healthy Babies (Project No. 11-W-00249/4) demonstration until June 30, 2014. The demonstration is currently operating under the authority of section 1115(a) of the Social Security Act. The current lists of waiver and expenditure authorities and special terms and conditions will continue to apply to the Planning for Healthy Babies demonstration until June 30, 2014.

As you know, starting January 1, 2014, eligibility for Medicaid for most individuals will be determined using methodologies that are based on modified adjusted gross income (MAGI). This requirement applies to eligibility for family planning section 1115 demonstrations. In addition, starting October 1, 2013, states are also required to make available a single, streamlined application for MAGI-based eligibility.

We understand that there are special attributes of this demonstration to consider when deciding how to integrate family planning eligibility into the state's MAGI eligibility rules and the single, streamlined application process. Should you need additional time to integrate these features into your family planning section 1115 demonstration, CMS requests that you use the standard process of requesting acceptable mitigations. Your project officer, Shanna Wiley, with the Division of State Demonstrations and Waivers, is available to work with you to determine the appropriate approach for your state if you are not able to integrate these features into your family planning 1115 demonstration by January 1, 2014. Please do hesitate to contact Ms. Wiley at (410) 786-1370, or at shanna.wiley@cms.hhs.gov.

Sincerely,

/s/

Jennifer Ryan
Acting Director

Page 2 of 2 – Mr. Jerry Dubberly

cc: Jackie Glaze, ARA, Region IV
Tandra Hodges, Atlanta Regional Office

October 29, 2010

Mr. Clyde L. Reese, III, Esq.
Commissioner
Georgia Department of Community Health
2 Peachtree Street, NW.
Atlanta, GA 30303

Dear Mr. Reese:

We are pleased to inform you that Georgia's request for a section 1115 Demonstration, entitled "Planning for Healthy Babies (P4HB)," has been approved as project number 11-W-00249/4. Under this Demonstration, the State will provide family planning and family planning-related services to uninsured women, ages 18 through 44, who have family income at or below 200 percent of the Federal poverty level (FPL), and who are not otherwise eligible for Medicaid or the Children's Health Insurance Program. The Demonstration will also provide interpregnancy care services to women, ages 18 through 44, who have family income at or below 200 percent of the FPL, and who deliver a very low birth weight baby on or after January 1, 2011. Approval of this Demonstration is under the authority of section 1115(a) of the Social Security Act and is effective as of January 1, 2011, through December 31, 2013.

Our approval of this Demonstration project is subject to the limitations specified in the list of approved expenditure authorities and title XIX requirements made not applicable. The State may deviate from the Medicaid State plan requirements only to the extent those requirements have been specifically listed as not applicable to the expenditure authorities. All requirements of the Medicaid program as expressed in law, regulation, and policy statement not expressly identified as not applicable, shall apply to the Georgia P4HB Demonstration.

The approval is also conditioned upon compliance with the enclosed Special Terms and Conditions (STCs) defining the nature, character, and extent of Federal involvement in this project. This award letter is subject to our receipt of your written acceptance of the award, including the expenditure authorities and STCs, within 30 days of the date of this letter.

Your contact for this Demonstration is Ms. Julie Sharp, who may be reached at (410) 786-2292 and through e-mail at Juliana.Sharp@cms.hhs.gov. Ms. Sharp is available to answer any questions concerning the scope and implementation of the project in your application. Communications regarding the program matters and official correspondence concerning the Demonstration should be submitted to her at the following address:

Centers for Medicare & Medicaid Services
Center for Medicaid, CHIP and Survey & Certification
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850

Official communications regarding program matters should be submitted simultaneously to Ms. Sharp and to Ms. Jackie Glaze, Associate Regional Administrator, in our Atlanta Regional Office. Ms. Glaze's address is:

Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, SW, Suite 4T20
Atlanta, GA 30303-8909

If you have additional questions, please contact Ms. Victoria Wachino, Director, Family and Children's Health Programs Group, Center for Medicaid, CHIP and Survey & Certification at (410) 786-5647.

We extend our congratulations to you on this award and look forward to working with you and your staff during the course of the Demonstration.

Sincerely,

/s/

Donald M. Berwick, M.D.
Administrator

Enclosures

cc:

Ms. Jackie Glaze, Associate Regional Administrator, Region IV

Ms. Carolyn Brown, State Representative

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00249/4

TITLE: Georgia Planning for Healthy Babies (P4HB)

AWARDEE: Georgia Department of Community Health

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Georgia for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this Demonstration, be regarded as expenditures under the State's title XIX plan. All requirements of the Medicaid statute will be applicable to such expenditure authorities (including adherence to income and eligibility system verification requirements under section 1137(d) of the Act), except those specified below as not applicable to these expenditure authorities.

The following expenditure authority and the provisions specified as "not applicable" enable Georgia to operate its section 1115 Medicaid P4HB Demonstration from January 1, 2011, through December 31, 2013, unless otherwise stated.

1. **Demonstration Population 1:** Expenditures for extending family planning and family planning-related services provided to:
 - Uninsured women, ages 18 through 44, losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum, and who are not otherwise eligible for Medicaid or the Children's Health Insurance Program (CHIP).
 - Uninsured women, ages 18 through 44, who have family income at or below 200 percent of the Federal poverty level (FPL), and who are not otherwise eligible for Medicaid or CHIP.
2. **Demonstration Population 2:** Expenditures for extending family planning, family planning-related, and interpregnancy (IPC) care services to women, ages 18 through 44, who deliver a very low birth weight (VLBW) baby (less than 1,500 grams or 3 pounds, 5 ounces) on or after January 1, 2011, with family income at or below 200 percent of the FPL, and who are not otherwise eligible for Medicaid or CHIP. IPC services will be available for 2 years after enrollment.
3. **Demonstration Services 1:** Expenditures for extending Resource Mother Outreach services to women, ages 18 through 44, who deliver a VLBW baby on or after January 1, 2011, with family income at or below 200 percent of the FPL, who are eligible for Medicaid.

Medicaid Requirements Not Applicable to the Medicaid Expenditure Authorities 1 and 2:

All Medicaid requirements apply, except the following:

Methods of Administration: Transportation

Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53

To the extent necessary, to enable the State to not assure transportation to and from providers for Demonstration Population 1.

Eligibility Section

Section 1902(a)(10)(A)

To the extent necessary to allow Georgia to not provide medical assistance for Demonstration Populations 1 and 2 until the individual has been enrolled in a managed care organization.

Amount, Duration, and Scope of Services (Comparability)

Section 1902(a)(10)(B)

To the extent necessary to allow the State to offer Demonstration Population 1 a benefit package consisting only of family planning and family planning-related services and Demonstration Population 2 a benefit consisting only of family planning, family planning-related services, and IPC services.

Freedom of Choice

Section 1902(a)(23)

To the extent necessary to enable the State to limit freedom of choice of provider for Demonstration Populations 1 and 2. Individuals will be auto-enrolled into the care management organization they were enrolled in at the time of the delivery of their VLBW baby.

Retroactive Eligibility

Section 1902(a)(34)

To the extent necessary to enable the State to not provide medical assistance to Demonstration Populations 1 and 2 for any time prior to when an application for the Demonstration is made.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Section 1902(a)(43)(A)

To the extent necessary to enable the State to not furnish or arrange for all EPSDT services to Demonstration Populations 1 and 2.

Centers for Medicare & Medicaid Services
SPECIAL TERMS AND CONDITIONS

NUMBER: 11-W-00249/4

TITLE: Planning for Healthy Babies (P4HB)

AWARDEE: Georgia Department of Community Health

I. PREFACE

The following are the Special Terms and Conditions (STCs) for Georgia's section 1115(a) Medicaid Demonstration (hereinafter "Demonstration"). The parties to this agreement are the Georgia Department of Community Health and the Centers for Medicare & Medicaid Services (CMS). The STCs set forth in detail the nature, character, and extent of Federal involvement in the Demonstration and the State's obligations to CMS during the life of the Demonstration. The STCs are effective January 1, 2011, unless otherwise specified. This Demonstration is approved through December 31, 2013.

The STCs have been arranged into the following subject areas:

- I. Preface
- II. Program Description and Objectives
- III. General Program Requirements
- IV. Eligibility
- V. Benefits and Delivery Systems
- VI. General Reporting Requirements
- VII. General Financial Requirements
- VIII. Monitoring Budget Neutrality
- IX. Evaluation of the Demonstration
- X. Schedule of State Deliverables for the Demonstration

II. PROGRAM DESCRIPTION AND OBJECTIVES

The Georgia P4HB section 1115(a) Medicaid Demonstration expands the provision of family planning (FP) services to uninsured women, ages 18 through 44, who have family income at or below 200 percent of the Federal poverty level (FPL), and who are not otherwise eligible for Medicaid or the Children's Health Insurance Program (CHIP).

In addition, the Demonstration provides Interpregnancy Care (IPC) services to women who meet the same eligibility requirements above and who deliver a very low birth weight (VLBW) baby (less than 1,500 grams or 3 pounds, 5 ounces) on or after January 1, 2011.

Women, ages 18 through 44, who have family income at or below 200 percent of the FPL, who deliver a VLBW baby on or after January 1, 2011, and who qualify under the Low Income Medicaid Class of Assistance, or the Aged Blind and Disabled Classes of Assistance, under the Georgia Medicaid State plan are also eligible for the Resource Mothers Outreach component of the IPC services which are not otherwise available under the Georgia Medicaid State plan.

Under this Demonstration, Georgia expects to achieve the following to promote the objectives of title XIX:

- Reduce Georgia's low birth weight (LBW) and VLBW rates;
- Reduce the number of unintended pregnancies in Georgia;
- Reduce Georgia's Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services;
- Provide access to IPC health services for eligible women who have previously delivered a VLBW baby; and
- Increase child spacing intervals through effective contraceptive use.

III. GENERAL PROGRAM REQUIREMENTS

1. **Compliance with Federal Non-Discrimination Statutes.** The State must comply with all applicable Federal statutes relating to non-discrimination. These include, but are not limited to, the Americans with Disabilities Act of 1990, title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.
2. **Compliance with Medicaid Law, Regulation, and Policy.** All requirements of the Medicaid programs expressed in law, regulation, court order, and policy statement not expressly waived or identified as not applicable in the waiver and expenditure authority documents (of which these terms and conditions are part), must apply to the Demonstration.
3. **Changes in Medicaid Law, Regulation, and Policy.** The State must, within the timeframes specified in law, regulation, court order, or policy statement, come into compliance with any changes in Federal law, regulation, court order, or policy affecting the Medicaid programs that occur during this Demonstration approval period, unless the provision being changed is explicitly waived or identified as not applicable.
4. **Impact on Demonstration of Changes in Federal Law, Regulation, and Policy Statements.**
 - a) To the extent that a change in Federal law, regulation, final court order, or policy requires either a reduction or an increase in Federal financial participation (FFP) for expenditures made under this Demonstration, the State must adopt, subject to CMS approval, a modified budget neutrality agreement for the Demonstration as necessary to comply with such change. The modified agreement will be effective upon the implementation of the change.
 - b) If mandated changes in Federal law require State legislation, the changes must take effect on the day such State legislation becomes effective, or on the last day such legislation was required to be in effect under the law.

5. **State Plan Amendments.** The State will not be required to submit title XIX or title XXI State plan amendments for changes affecting any populations made eligible solely through the Demonstration. If a population eligible through the Medicaid State plan is affected by a change to the Demonstration, a conforming amendment to the appropriate State plan may be required, except as otherwise noted in these STCs.
6. **Changes Subject to the Amendment Process.** Changes related to eligibility, enrollment, benefits, delivery systems, cost sharing, sources of non-Federal share of funding, budget neutrality, and other comparable program elements in these STCs must be submitted to CMS as amendments to the Demonstration. All amendment requests are subject to approval at the discretion of the Secretary of the Department of Health and Human Services in accordance with section 1115 of the Act. The State must not implement changes to these elements without prior approval by CMS. Amendments to the Demonstration are not retroactive and FFP will not be available for changes to the Demonstration that have not been approved through the amendment process set forth in paragraph 7 below. The State will notify CMS of proposed Demonstration changes during the quarterly monitoring call, as well as in the written quarterly report, to determine if a formal amendment is necessary.
7. **Amendment Process.** Requests to amend the Demonstration must be submitted to CMS for approval no later than 120 days prior to the planned date of implementation of the change and may not be implemented until approved. CMS reserves the right to deny or delay approval of a Demonstration amendment based on non-compliance with these STCs, including, but not limited to, failure by the State to submit required reports and other deliverables in a timely fashion according to the deadlines specified therein. Amendment requests must include, but are not limited to, the following:
 - a) An explanation of the public process used by the State consistent with the requirements of paragraph 12 to reach a decision regarding the requested amendment;
 - b) A data analysis which identifies the specific “with waiver” impact of the proposed amendment on the current budget neutrality expenditure limit. Such analysis must include current “with waiver” and “without waiver” status on both a summary and detailed level through the current extension approval period using the most recent actual expenditures, as well as summary and detailed projections of the change in the “with waiver” expenditure total as a result of the proposed amendment which isolates (by Eligibility Group) the impact of the amendment;
 - c) A detailed description of the amendment, including impact on beneficiaries, with sufficient supporting documentation; and
 - d) If applicable, a description of how the evaluation design must be modified to incorporate the amendment provisions.
8. **CMS Right to Terminate or Suspend.** CMS may suspend or terminate the Demonstration, in whole or in part, at any time before the date of expiration, whenever it determines, following a hearing, that the State has materially failed to comply with the terms of the

project. CMS will promptly notify the State in writing of the determination and the reasons for the suspension or termination, together with the effective date.

9. **Finding of Non-Compliance.** The State does not relinquish its rights to challenge the CMS finding that the State materially failed to comply.
10. **Withdrawal of Waiver Authority.** CMS reserves the right to withdraw waivers or expenditure authorities at any time it determines that continuing the waivers or expenditure authorities would no longer be in the public interest or promote the objectives of title XIX. CMS must promptly notify the State in writing of the determination and the reasons for the withdrawal, together with the effective date, and must afford the State an opportunity to request a hearing to challenge CMS' determination prior to the effective date. If a waiver or expenditure authority is withdrawn, FFP is limited to normal closeout costs associated with terminating the waiver or expenditure authorities, including services and administrative costs of disenrolling participants.
11. **Adequacy of Infrastructure.** The State must ensure the availability of adequate resources for implementation and monitoring of the Demonstration, including education, outreach, and enrollment; maintaining eligibility systems; compliance with cost sharing requirements to the extent they apply; and reporting on financial and other Demonstration components.
12. **Public Notice, Tribal Consultation, and Consultation with Interested Parties.** The State must continue to comply with the State Notice Procedures set forth in 59 Fed. Reg. 49249 (September 27, 1994) and the tribal consultation requirements pursuant to section 1902(a)(73) of the Act as amended by section 5006(e) of the ARRA, when any program changes to the Demonstration, including, but not limited to, those referenced in STC 7, are proposed by the State. In States with Federally recognized Indian Tribes, Indian health programs, and/or Urban Indian organizations, the State is required to submit evidence to CMS regarding the solicitation of advice from these entities prior to submission of any Demonstration proposal, amendment and/or renewal of this Demonstration.
13. **FFP.** No Federal matching funds for expenditures for this Demonstration will take effect until the effective date identified in the Demonstration approval letter.
14. **Citizenship Documentation Requirements.** For individuals who have declared that they are United States citizens or nationals, the State must only enroll individuals into the Demonstration who document citizenship or nationality in accordance with sections 1902(a)(46) and 1903 of the Act. The State may establish citizenship or nationality using the process set out in section 1902(ee) of the Act in lieu of the documentation requirements set forth in sections 1902(a)(46) and 1903 of the Act to the extent permitted by that section.

IV. ELIGIBILITY

15. **Eligibility Requirements.** The State must enroll only individuals meeting the following eligibility criteria into the family planning component of the Demonstration:

1. Uninsured women, ages 18 through 44, losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum, who are not otherwise eligible for Medicaid or CHIP; and
2. Uninsured women, ages 18 through 44, who have family income up to and including 200 percent of the FPL, who are not otherwise eligible for Medicaid or CHIP.

The State must enroll only individuals meeting the following eligibility criteria into the IPC component of the Demonstration:

- Uninsured women, ages 18 through 44, who deliver a VLBW baby on or after January 1, 2011, who have family income up to and including 200 percent of the FPL, who are not otherwise eligible for Medicaid or CHIP.

The State will enroll individuals into the Resource Mothers Outreach component of the Demonstration who are:

- Women, ages 18 through 44, who qualify under the Low Income Medicaid Class of Assistance or Aged Blind and Disabled Classes of Assistance under the Georgia Medicaid State plan and deliver a VLBW baby on or after January 1, 2011.

16. Demonstration Enrollment. Women already enrolled in a Georgia Families Care Management Organization (CMO) due to pregnancy will have an expedited enrollment into the plan with which they are currently affiliated. These women will be afforded the opportunity to choose a new CMO if desired. The enrollment processes for each component of the Demonstration are described below:

- a) **FP Component.** The State will follow applicable Federal law and regulations for determining eligibility and enrolling those deemed eligible into one of the CMOs. Individuals must enroll in a managed care plan to receive family planning and family planning-related services.
- b) **IPC Component.** Women in the IPC component must enroll in a managed care plan to receive Family Planning and IPC services.
- c) **Resource Mothers Outreach.**
 - i. Women ages 18 through 44 who qualify under the Low Income Medicaid Class of Assistance under the Georgia Medicaid State plan are mandatorily enrolled into one of the CMOs per the Medicaid State plan. These women will receive Resource Mothers Outreach through the CMOs in which they are enrolled at the time of delivery of their VLBW baby. The State will follow standard Medicaid managed care rules regarding choice of plans.
 - ii. Women ages 18 through 44 who qualify under the Aged Blind and Disabled Classes of Assistance under the Georgia Medicaid State Plan and who deliver a VLBW baby on or after January 1, 2011, will receive Resource Mothers Outreach

via a CMO. They will not be enrolled into a CMO, but will be allowed to choose a CMO through which they will receive only Resource Mothers Outreach services.

17. **Demonstration Disenrollment.** If a woman becomes pregnant while enrolled in the Demonstration, she may be determined eligible for Medicaid under the State plan. An individual who is enrolled in a Medicaid State plan eligibility category will only be eligible for Resource Mothers Outreach services under the Demonstration if they have had a VLBW delivery on or after January 1, 2011.

The State must not submit claims under the Demonstration for any individual who is found to be eligible under the Medicaid State plan except for those individuals eligible under the Medicaid State plan who are eligible for Resource Mothers Outreach services.

In addition, women who receive a sterilization procedure and complete all necessary follow-up procedures will be disenrolled from the Demonstration.

Women in the IPC component will be disenrolled after 2 years of participation.

18. **Redeterminations.** The State must ensure that redeterminations of eligibility for the Demonstration are conducted at least every 12 months.
19. **Primary Care Referral.** The State assures CMS that providers of family planning services will make appropriate referrals to primary care providers as medically indicated. The State also assures that individuals enrolled in this Demonstration receive information about how to access primary care services.

V. BENEFITS AND DELIVERY SYSTEMS

20. **Benefits.** Family planning services and supplies described in section 1905(a)(4)(C) of the Act are reimbursable at the 90 percent matching rate, including:
- a) Approved methods of contraception;
 - b) Sexually transmitted infection testing, including Pap tests and pelvic exams;
 - c) Drugs, supplies, or devices related to women's health services described above that are prescribed by a health care provider who meets the State's provider enrollment requirements; (subject to the national drug rebate program requirements); and,
 - d) Contraceptive management, patient education, and counseling.
21. **Family Planning-Related Benefits.** Family planning-related services are provided as part of, or as follow-up to, a family planning visit and are reimbursable at the State's regular FMAP rate. The following are examples of family-planning related services:
- a) Drugs for the treatment of sexually-transmitted infections (STIs), except for HIV/AIDS and hepatitis, when the STI is identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may be covered. In

addition, subsequent follow-up visits to rescreen for STIs based on the Centers for Disease Control and Prevention guidelines may be covered.

- b) Drugs for the treatment of lower genital tract and genital skin infections/disorders, and urinary tract infections, when the infection/disorder is identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may be covered.

- 22. **Primary Care Referrals.** Primary care referrals to other social service and health care providers as medically indicated are provided; however, the costs of those primary care services are only covered for women enrolled in the IPC component of the Demonstration. These primary care services are not covered for enrollees who are not in the IPC component of this Demonstration.
- 23. **Vitamins.** Participants will have access to folic acid and/or a multivitamin with folic acid, and this benefit will be reimbursable at the State’s FMAP rate.
- 24. **Immunization Benefits.** Participants ages 19 and 20, will be eligible to receive the Hepatitis B, tetanus-diphtheria (Td), and combined tetanus, diphtheria, and pertussis (TdAP) vaccinations. Participants who are 18 years old are eligible to receive immunizations at no cost via the Vaccines for Children (VFC) Program. These services are reimbursable at the State’s FMAP rate.
- 25. **IPC Component Benefits.** In addition to the family planning and family planning-related services described above, women who are enrolled in the IPC component of the Demonstration are also eligible for the benefits described in the table below. These services are reimbursable at the State’s FMAP rate.

Services	Notes/ Limitations
Primary care	
5 office/outpatient visits	
Management and treatment of chronic diseases	
Substance use disorder treatment (detoxification and intensive outpatient rehabilitation)	Referral required
Case management/ Resource Mother Outreach	
Limited Dental	
Prescription Drugs (non-family planning)	

Women enrolled in the IPC component will also have access to non-emergency medical transportation.

26. **Resource Mother Outreach.** Women served under the IPC and Resource Mother components of the Demonstration, will have access to Resource Mother Outreach. The CMOs will employ or contract with Resource Mothers, and the Resource Mothers will assist nurse case managers to achieve the following goals:
- a) Increase the participant's adoption of healthy behaviors such as healthy eating choices and smoking cessation;
 - b) Support the participant's compliance with primary care medical appointments, including assisting with arranging non-emergency medical transportation;
 - c) Assist the mother of a VLBW baby to obtain regular preventive health visits and appropriate immunizations for her child;
 - d) Support the participant's compliance with medications to treat chronic health conditions
 - e) Assist with coordination of social services support; and,
 - f) Assist with linking mothers to community resources such as the Special Supplemental Nutrition Program for Women, Infants, and Children.
27. **Delivery System.** Services provided through this Demonstration are paid via a managed care delivery system via CMOs. Standard Medicaid managed care rules will apply including freedom of choice of provider for family planning services as specified in 42 CFR 431.51(a)(5).

VI. GENERAL REPORTING REQUIREMENTS

28. **General Financial Requirements.** The State must comply with all general financial requirements under title XIX set forth in section VII of these STCs.
29. **Reporting Requirements Relating to Budget Neutrality.** The State must comply with all reporting requirements for monitoring budget neutrality as set forth in section VIII of these STCs.
30. **Compliance with Managed Care Reporting Requirements.** The State must comply with all managed care reporting regulations at 42 CFR Part 438 *et seq.*, except as expressly waived or referenced in the expenditure authorities incorporated into these STCs.
31. **Monitoring Calls.** CMS will schedule quarterly monitoring calls with the State, unless CMS determines that more frequent calls are necessary to adequately monitor the Demonstration. The purpose of these calls is to discuss any significant actual or anticipated developments affecting the Demonstration. Areas to be addressed include, but are not limited to, health care delivery, enrollment, quality of care, access, benefits, audits, lawsuits, financial reporting and budget neutrality issues, progress on evaluations, State legislative developments, quarterly reports, and any Demonstration amendments the State is considering submitting.

The State and CMS will discuss quarterly expenditure reports submitted by the State for purposes of monitoring budget neutrality. CMS will update the State on any amendments under review as well as Federal policies and issues that may affect any aspect of the Demonstration. The State and CMS will jointly develop the agenda for the calls.

32. **Quarterly Progress Reports.** The State must submit progress reports no later than 60 days following the end of each quarter. The intent of these reports is to present the State's data along with an analysis of the status of the various operational areas under the Demonstration.

These quarterly reports must include, but are not limited to:

- a) An updated budget neutrality monitoring worksheet;
- b) Expenditures including administrative costs;
- c) Total number of enrollees;
- d) Total number of participants (Participants include all individuals who obtain one or more covered family planning services through the Demonstration);
- e) Events occurring during the quarter, or anticipated to occur in the near future that affect health care delivery, benefits, enrollment, grievances, quality of care, access, pertinent legislative activity, eligibility verification activities, and other operational issues;
- f) Action plans for addressing any policy and administrative issues identified; and
- g) Evaluation activities and interim findings.

33. **Annual Report.** The annual report is due 120 days following the end of the fourth quarter of each Demonstration year, and must include a summary of the year's preceding activity as well as the following:

- a) The number of actual births that occur to participants in the FP component of the Demonstration broken out by birth weight category;
 - i. Normal (2,500 grams or more)
 - ii. LBW (1,500 grams to 2,499 grams)
 - iii. VLBW (less than 1,500 grams)
- b) The number of total Medicaid births broken out by birth weight category;
- c) The number of actual births that occur to women in the IPC component of the Demonstration broken out by birth weight category;
- d) The average total Medicaid expenditures for the first-year infant life costs broken out by birth weight category;
- e) Results of member and provider satisfaction surveys; and
- f) An interim evaluation report as described in paragraph 54 of these STCs.

34. **Transition Plan.** The State is required to prepare, and incrementally revise a Transition Plan, consistent with the provisions of the Affordable Care Act, for individuals enrolled in the Demonstration, including how the State plans to coordinate the transition of these individuals to a coverage option available under the Affordable Care Act without interruption in coverage to the maximum extent possible. The State must submit a draft to CMS by July 1, 2012, with progress updates included in each quarterly and annual report thereafter. The State will revise the Transition Plan as needed.
35. **Final Report.** The State must submit a final report to CMS to describe the impact of the Demonstration, including the extent to which the State met the goals of the Demonstration. The draft report will be due to CMS 6 months after the expiration of the Demonstration. The State must submit a final report within 60 days of receipt of CMS comments.

VII. GENERAL FINANCIAL REQUIREMENTS

36. **Quarterly Expenditure Reports.** The State must provide quarterly expenditure reports using the form CMS-64 to report total expenditures for services provided under the Medicaid program, including those provided through the Demonstration under section 1115 authority. This project is approved for expenditures applicable to services rendered during the Demonstration period. CMS must provide FFP for allowable Demonstration expenditures only as long as they do not exceed the pre-defined limits on the costs incurred as specified in Section VIII of these STCs.
37. **Reporting Expenditures Subject to the Title XIX Budget Neutrality Agreement.** The following describes the reporting of expenditures subject to the budget neutrality limit:
- a) **Tracking Expenditures.** In order to track expenditures under this Demonstration, Georgia must report Demonstration expenditures through the Medicaid and CHIP Budget and Expenditure System (MBES/CBES); following routine CMS-64 reporting instructions outlined in section 2500 of the State Medicaid Manual. All Demonstration expenditures claimed under the authority of title XIX of the Act and subject to the budget neutrality expenditure limit must be reported each quarter on separate Forms CMS-64.9 Waiver and/or CMS-64.9P Waiver, identified by the Demonstration project number assigned by CMS, including the project number extension, which indicates the Demonstration Year (DY) in which services were rendered or for which capitation payments were made.
 - b) **Cost Settlements.** For monitoring purposes, cost settlements attributable to the Demonstration must be recorded on the appropriate prior period adjustment schedules (Form CMS-64.9P Waiver) for the Summary Sheet Line 10B, in lieu of Lines 9 or 10C. For any other cost settlements not attributable to this Demonstration, the adjustments should be reported on lines 9 or 10C as instructed in the State Medicaid Manual.
 - c) **Use of Waiver Forms.** The following 3 waiver forms CMS-64.9 Waiver and/or CMS-64.9 P Waiver must be submitted each quarter (when applicable) to report title XIX

expenditures for individuals enrolled in the Demonstration. The expressions in quotation marks are the waiver names to be used to designate these waiver forms in the MBES/CBES system.

- (i) **“FP Benefits”** expenditures – This includes expenditures for all family planning and family planning-related benefits for women enrolled in the Demonstration.
 - (ii) **“IPC Benefits”** expenditures – This includes only expenditures for IPC benefits for women enrolled in the IPC component of the Demonstration.
 - (iii) **“Outreach”** expenditures – This includes only expenditures for the Resource Mother Outreach that women eligible under the Medicaid State plan receive.
- d) **Pharmacy Rebates.** The State may propose a methodology for assigning a portion of pharmacy rebates to the Demonstration, in a way that reasonably reflects the actual rebate-eligible pharmacy utilization of the Demonstration population, and which reasonably identifies pharmacy rebate amounts with DYs. Use of the methodology is subject to the approval in advance by the CMS Regional Office, and changes to the methodology must also be approved in advance by the Regional Office. The portion of pharmacy rebates assigned to the Demonstration using the approved methodology will be reported on the appropriate Form CMS-64.9 Waiver for the Demonstration, and not on any other CMS-64.9 form (to avoid double-counting). Each rebate amount must be distributed as State and Federal revenue consistent with the Federal matching rates under which the claim was paid.
- e) **Title XIX Administrative Costs.** Administrative costs will not be included in the budget neutrality agreement, but the State must separately track and report additional administrative costs that are directly attributable to the Demonstration. All administrative costs must be identified on the Forms CMS-64.10.
- f) **Claiming Period.** All claims for expenditures subject to the budget neutrality agreement (including any cost settlements) must be made within 2 years after the calendar quarter in which the State made the expenditures. All claims for services during the Demonstration period (including any cost settlements) must be made within 2 years after the conclusion or termination of the Demonstration. During the latter 2-year period, the State must continue to identify separately net expenditures related to dates of service during the operation of the Demonstration on the CMS-64 waiver forms in order to properly account for these expenditures in determining budget neutrality.

38. **Standard Medicaid Funding Process.** The standard Medicaid funding process must be used during the Demonstration. The State must estimate matchable Demonstration expenditures (total computable and Federal share) subject to the budget neutrality expenditure limit and separately report these expenditures by quarter for each Federal fiscal year on the Form CMS-37 for both the Medical Assistance Payments (MAP) and State and

Local Administration Costs (ADM). CMS shall make Federal funds available based upon the State's estimate, as approved by CMS. Within 30 days after the end of each quarter, the State must submit the Form CMS-64 quarterly Medicaid expenditure report, showing Medicaid expenditures made in the quarter just ended. CMS shall reconcile expenditures reported on the Form CMS-64 with Federal funding previously made available to the State, and include the reconciling adjustment in the finalization of the grant award to the State.

39. Extent of FFP for Family Planning and Family Planning Related Services. CMS shall provide FFP for services (including prescriptions) provided to women at the following rates:

- a) For procedures or services clearly provided or performed for the primary purpose of family planning (i.e., contraceptive initiation, periodic or inter-periodic contraceptive management, and sterilizations), and which are provided in a family planning setting, FFP will be available at the 90 percent Federal matching rate. Reimbursable procedure codes for office visits, laboratory tests, and certain other procedures must carry a primary diagnosis or a modifier that specifically identifies them as a family planning service. Note: The laboratory tests performed during an initial family planning visit for contraception include a Pap smear, screening tests for STIs, blood counts, and pregnancy test. Additional screening tests may be performed depending on the method of contraception desired and the protocol established by the clinic, program, or provider. Additional laboratory tests may be needed to address a family planning problem or needed during an inter-periodic family planning visit for contraception.

Allowable family planning expenditures eligible for reimbursement at the enhanced family planning match rate should be entered in Column (D) on the appropriate waiver sheets.

- b) In order for family planning-related services to be reimbursed at the FMAP rate they must be defined as those services generally performed as part of, or as follow-up to, a family planning service for contraception. Such services are provided because a "family planning-related" problem was identified/diagnosed during a routine/periodic family planning visit. These expenditures should be entered in Column (B) on the appropriate waiver sheets. Four kinds of family planning related services are recognized:
 - i. A colposcopy (and procedures done with/during a colposcopy) or repeat Pap smear performed as a follow-up to an abnormal Pap smear which is done as part of a routine/periodic family planning visit.
 - ii. Treatment/drugs for STIs, except for HIV/AIDS and hepatitis, where the STIs are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may be covered at the applicable Federal matching rate for the State. Subsequent follow-

up visits to rescreen for STIs based on the Centers for Disease Control and Prevention guidelines may be covered at the applicable Federal matching rate for the State.

iii. Treatment/drugs for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are identified/diagnosed during a routine/periodic family planning visit. A follow-up visit/encounter for the treatment/drugs may be covered at the applicable Federal matching rate for the State.

iv. Treatment of major complications such as:

- Treatment of a perforated uterus due to an intrauterine device insertion;
- Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or
- Treatment of surgical or anesthesia-related complications during a sterilization procedure.

c) FFP will not be available for the costs of any services, items, or procedures that do not meet the requirements specified above, even if family planning clinics or providers provide them. For example, in the instance of testing for STIs as part of a family planning visit, FFP will be available at the 90 percent Federal matching rate. The match rate for the subsequent treatment would be paid at the applicable Federal matching rate for the State. For testing or treatment not associated with a family planning visit, no FFP will be available.

d) CMS will provide FFP at the appropriate 50 percent administrative match rate for general administration costs, such as, but not limited to, claims processing, eligibility assistance and determinations, outreach, program development, evaluation, and program monitoring and reporting.

40. Extent of FFP for IPC Services. CMS shall provide FFP for services described in paragraph 25 for women who enrolled in the IPC component of the Demonstration at the State's regular Federal matching rate.

41. Sources of Non-Federal Share. The State must certify that the non-Federal share of funds for the Demonstration are State/local monies. The State further certifies that such funds must not be used to match for any other Federal grant or contract, except as permitted by law. All sources of non-Federal funding must be compliant with section 1903(w) of the Act and applicable regulations. In addition, all sources of the non-Federal share of funding are subject to CMS approval.

a) CMS reserves the right to review the sources of the non-Federal share of funding for the Demonstration at any time. The State agrees that all funding sources deemed unacceptable by CMS must be addressed within the time frames set by CMS.

- b) Any amendments that impact the financial status of the program must require the State to provide information to CMS regarding all sources of the non-Federal share of funding.

42. State Certification of Funding Conditions. The State must certify that the following conditions for non-Federal share of Demonstration expenditures are met:

- a) Units of government, including governmentally operated health care providers, may certify that State or local tax dollars have been expended as the non-Federal share of funds under the Demonstration.
- b) To the extent the State utilizes certified public expenditures (CPEs) as the funding mechanism for title XIX (or under section 1115 authority) payments, CMS must approve a cost reimbursement methodology. This methodology must include a detailed explanation of the process by which the State would identify those costs eligible under title XIX (or under section 1115 authority) for purposes of certifying public expenditures.
- c) To the extent the State utilizes CPEs as the funding mechanism to claim Federal match for payments under the Demonstration, governmental entities to which general revenue funds are appropriated must certify to the State the amount of such tax revenue (State or local) used to satisfy Demonstration expenditures. The entities that incurred the cost must also provide cost documentation to support the State's claim for Federal match.
- d) The State may use intergovernmental transfers to the extent that such funds are derived from State or local tax revenues and are transferred by units of government within the State. Any transfers from governmentally-operated health care providers must be made in an amount not to exceed the non-Federal share of title XIX payments. Under all circumstances, health care providers must retain 100 percent of the claimed expenditure. Moreover, no pre-arranged agreements (contractual or otherwise) exist between health care providers and State and/or local government to return and/or redirect any portion of the Medicaid payments. This confirmation of Medicaid payment retention is made with the understanding that payments that are the normal operating expenses of conducting business, such as payments related to taxes, (including health care provider-related taxes), fees, business relationships with governments that are unrelated to Medicaid and in which there is no connection to Medicaid payments, are not considered returning and/or redirecting a Medicaid payment.

43. Monitoring the Demonstration. The State must provide CMS with information to effectively monitor the Demonstration, upon request, in a reasonable time frame.

44. Program Integrity. The State must have processes in place to ensure that there is no duplication of Federal funding for any aspect of the Demonstration. Specifically, the State must ensure that there is no duplication of Federal funding between the State's Maternal, Infant, and Early Childhood Home Visiting Program and the Demonstration. In addition, the

State must ensure that there is no duplication of Federal funding between the State’s VFC Program and the Demonstration. The State must confirm in each quarterly and annual report that there is no duplication of funding.

VIII. MONITORING BUDGET NEUTRALITY

45. **Limit on Title XIX Funding.** The State shall be subject to a limit on the amount of Federal title XIX funding that the State may receive on selected Medicaid expenditures during the period of approval of the Demonstration. The budget neutrality expenditure targets are set on a yearly basis with a cumulative budget neutrality expenditure limit for the length of the entire Demonstration. Actual expenditures subject to the budget neutrality expenditure limit shall be reported by the State using the procedures described in section VII, paragraph 37 of these STCs.

46. **Risk.** Georgia shall be at risk for the per capita cost (as determined by the method described below in this section) for Medicaid eligibles in the “FP Benefits” eligibility group, but not for the number of Demonstration eligibles in this group. By providing FFP for enrollees in this eligibility group, Georgia shall not be at risk for changing economic conditions that impact enrollment levels. However, by placing Georgia at risk for the per capita costs for enrollees in the family planning component of the Demonstration, CMS assures that Federal Demonstration expenditures do not exceed the level of expenditures that would have occurred had there been no Demonstration. Georgia will be at risk for both per capita costs and enrollment for “IPC Benefits.”

47. **Budget Neutrality Annual Expenditure Limits.** For each DY, two annual limits are calculated: one for the FP component of the Demonstration and one for the IPC component of the Demonstration, as described in paragraphs 48 and 49 below.

48. **FP Component Budget Limit.** The FP Component budget limit is calculated as the projected per member/per month (PMPM) cost times the actual number of member months for “FP Benefits,” multiplied by the Composite Federal Share.

a) **PMPM Cost.** The following table gives the projected PMPM (Federal share) costs for the calculation described above by DY.

	Trend	DY 1	DY 2	DY 3
FP Benefits	2.7%	\$ 68.17	\$70.01	\$71.90

b) **Composite Federal Share.** The Composite Federal Share is the ratio calculated by dividing the sum total of FFP received by the State on actual Demonstration expenditures during the 3-year approval period, as reported on the forms listed in paragraph 37 above, by total computable Demonstration expenditures for the same period as reported on the same forms. Should the Demonstration be terminated prior to the end of the 3-year approval period (see paragraph 8), the Composite Federal Share will be determined based on actual expenditures for the period in which the Demonstration was active. For the

purpose of interim monitoring of budget neutrality, a reasonable Composite Federal Share may be used.

- c) The FP Component is structured as a “pass-through” or “hypothetical” population. Therefore, the State may not derive savings from this component.

49. IPC Component Budget Limit. The annual budget limit for the IPC component of the Demonstration will be the estimated cost-savings of the VLBW and LBW births averted as described below:

- a) **VLBW Birth Averted = Birth Averted * Medicaid Costs for VLBW Infants up to 1 year of life**
- The Medicaid Cost of a VLBW Infant equals (the cost of VLBW infants up to 1 year of life)/ number of VLBW live births, where the costs and number of VLBW live births pertain to the Georgia Medicaid Program.
- b) **LBW Birth Averted = Birth Averted * Medicaid Costs for LBW Infants up to 1 year of life**
- The Medicaid Cost of a LBW Infant equals (the cost of LBW infants up to 1 year of life)/ number of LBW live births, where the costs and number of LBW live births pertain to the Georgia Medicaid Program.
- c) Application of the IPC Budget Limit. The budget limit calculated above will apply to IPC expenditures, as reported by the State on the CMS-64 forms. If, at the end of the Demonstration period, the costs of the Demonstration services exceed the IPC budget limit, the excess Federal funds will be returned to CMS.

50. Future Adjustments to the Budget Neutrality Expenditure Limit. CMS reserves the right to adjust the budget neutrality expenditure limit to be consistent with enforcement of impermissible provider payments, health care-related taxes, new Federal statutes, or policy interpretations implemented through letters, memoranda, or regulations with respect to the provision of services covered under the Demonstration.

51. Enforcement of Budget Neutrality. CMS will enforce budget neutrality over the life of the Demonstration, rather than annually. However, no later than 6 months after the end of each DY, or as soon thereafter as data are available, the State will calculate annual expenditure targets for the IPC component of the Demonstration for the completed year. This amount will be compared with the actual claimed FFP for Medicaid. Using the schedule below as a guide, if the State exceeds these targets, it will submit a corrective action plan to CMS for approval. The State will subsequently implement the corrective action plan.

Year	Cumulative Target Expenditures	Percentage
2011	DY 1 budget limit amount	+4 percent
2012	DY 1 and 2 combined budget limit amount	+2 percent
2013	DYs 1 through 3 combined budget limit amount	+0 percent

- a) Failure to Meet Budget Neutrality Goals. The State, whenever it determines that the Demonstration is not budget neutral or is informed by CMS that the Demonstration is not budget neutral, must immediately collaborate with CMS on corrective actions, which must include submitting a corrective action plan to CMS within 21 days of the date the State is informed of the problem. While CMS will pursue corrective actions with the State, CMS will work with the State to set reasonable goals that will ensure that the State is in compliance.
- b) Use of “Savings.” The State may only use savings from averting LBW and VLBW births to provide IPC services to women who have delivered a VLBW baby.
- c) Definition of “With” and “Without” Waiver IPC Component Demonstration Costs. The “with”(WW) and “without” (WOW) Demonstration costs (Federal share) follow. The “without” Demonstration costs are estimates of the costs of VLBW and LBW births that would occur in the absence of the Demonstration. The “with” Demonstration costs are estimates of IPC services provided with the Demonstration in effect. Total “with” and “without” Demonstration costs (Federal share) including the cost of the FP Component is also shown in the table below.

State Plan VLBW and LBW Birth Costs (Federal share)			
YEAR	WOW	WW	Estimated IPC Annual Budget Limit
CY 2011	\$517,383,223	\$514,586,627	\$2,796,596
CY 2012	\$519,429,739	\$510,813,428	\$8,616,311
CY 2013	\$521,524,925	\$515,625,623	\$5,899,301
IPC Component Demonstration Costs (Federal share)			
	WOW	WW Cost of IPC Component	Estimated IPC Annual Budget Limit – WW Cost of IPC Component
CY 2011		\$2,482,687	\$313,909
CY 2012		\$5,274,512	\$3,341,800
CY 2013		\$4,917,388	\$981,913
FP Component + IPC Component (Federal share)			
	WOW	WW Cost of FP and IPC Components	Projected Margin
CY 2011	\$519,645,402	\$519,331,493	\$313,909
CY 2012	\$522,914,626	\$519,572,826	\$3,341,800
CY 2013	\$526,495,692	\$525,513,780	\$981,913
3 Year Total	\$1,569,055,720	\$1,564,418,099	\$4,637,621

IX. PRIMARY CARE REFERRAL AND EVALUATION

52. Access to Primary Care Services. The State must facilitate access to primary care services for enrollees in the Demonstration. The State must assure CMS that written materials concerning access to primary care services are distributed to the Demonstration participants. The written materials must explain to the participants how they can access primary care services.

53. Submission of Draft Evaluation Design. A draft evaluation design report must be submitted to CMS for approval within 120 days from the award of the Demonstration. At a minimum, the evaluation design should include a detailed analysis plan that describes how the effects of the Demonstration will be isolated from those of other initiatives occurring in the State. The report should also include an integrated presentation and discussion of the specific hypotheses (including those that focus specifically on the target population for the Demonstration) that are being tested. The report will also discuss the outcome measures that will be used in evaluating the impact of the Demonstration, particularly among the target population. It will also discuss the data sources and sampling methodology for assessing these outcomes. The State must implement the evaluation design and report its progress in each of the Demonstration's quarterly and annual reports.

The evaluation design must be based on a quasi-experimental design. In addition, the experimental and control groups must exhibit baseline equivalence on the following characteristics: (1) the parent or baby's race and ethnicity; and (2) socioeconomic status.

The State must ensure that the draft evaluation design will address the following evaluation questions:

1. To what extent is the Demonstration reducing the LBW and VLBW rates in Georgia?
2. To what extent is the Demonstration reducing the infant mortality rate in Georgia?
3. To what extent is the Demonstration reducing the number of unintended pregnancies in Georgia?
4. To what extent is the Demonstration reducing Georgia's Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services?
5. To what extent is the Demonstration increasing child spacing intervals?
6. To what extent is the Demonstration improving the health status of women enrolled in the IPC component of the Demonstration?

54. Interim Evaluation Reports. The State must provide an interim evaluation report in each annual report as required in paragraph 33. In the event the State requests to extend the Demonstration beyond the current approval period under the authority of section 1115(a) of the Act, the State must submit an interim evaluation report as part of the State's request for each subsequent renewal.

55. Final Evaluation Plan and Implementation. CMS shall provide comments on the draft evaluation design within 60 days of receipt and the State must submit a final plan for the

overall evaluation of the Demonstration described in paragraph 53, within 60 days of receipt of CMS comments.

- a) The State must implement the evaluation designs and report its progress in each quarterly report.
- b) The State must submit to CMS a draft of the evaluation report within 120 days after expiration of the Demonstration. CMS must provide comments within 60 days after receipt of the report. The State must submit the final evaluation report within 60 days after receipt of CMS comments.

X. SCHEDULE OF STATE DELIVERABLES DURING THE DEMONSTRATION

Date	Deliverable	STC Reference
02/15/2011	Submit Draft Evaluation Design	Section IX, paragraph 53
07/01/2012	Submit Draft Transition Plan	Section VI, paragraph 34
07/01/2014	Submit Draft Final Report	Section VI, paragraph 35

	Deliverable	STC Reference
Annual	By May 1 st - Draft Annual Report	Section VI, paragraph 33
Quarterly	Quarterly Progress Reports	Section VI, paragraph 32