

Public Notice

Planning for Healthy Babies (P4HB) Demonstration Extension Proposal

Pursuant to 42 CFR 431.408, the Georgia Department of Community Health (DCH) is required to give a 30-day public notice and comment period and conduct two (2) public hearings related to the State's plan to comply with Section 1115(a) of the Social Security Act (the Act) and 42 USC §1315(a) for demonstration projects. DCH hereby notifies the public via this Public Notice and electronic mailing list that it intends to submit a Demonstration Extension Proposal to the Centers for Medicare and Medicaid Services (CMS) for the Planning for Healthy Babies Program (P4HB).

DCH intends to submit a request to renew the P4HB to CMS, effective for services provided on or after April 1, 2019.

The 30-day public notice and comment period will be open from October 11, 2018 through November 29, 2018.

P4HB Description, Goals, and Objectives.

P4HB provides family planning and family planning-related services to eligible women ages 18 through 44 and inter-pregnancy care (IPC) services including primary care and primary care case management for eligible women who have delivered a very low birth weight baby.

The goal of this Demonstration Extension Proposal is to continue efforts to reduce Georgia's low birth weight rate, to reduce the number of unintended pregnancies in Georgia, and to reduce Georgia's Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Medicaid pregnancy-related services. Services will be delivered through the Georgia Families Care Management Organizations (CMOs).

The objective of this Demonstration is to assist the State of Georgia in reducing its low birth weight rates by providing preconception and inter-conception care that promotes birth spacing and appropriately timed pregnancies.

P4HB Proposed Health Care Delivery System, Eligibility Requirements, Benefit Coverage, and Cost Sharing.

Eligibility requirements for P4HB differ slightly for the three levels of service offered within the program. There is no cost-sharing required to receive any of these levels of service.

All participants must be 18 through 44 years of age with incomes at or below 211% of the current federal poverty level (FPL) and be able to bear children. Women seeking family planning and family planning related services only must meet these requirements and must also be otherwise uninsured. Women seeking IPC services in addition to the family planning and family planning related services must meet all of the above requirements and must have delivered a very low birth weight baby (VLBW). P4HB also offers Resource Mothers Outreach only services to women 18

through 44 years of age who are able to bear children, have delivered a VLBW baby, and eligible for Medicaid services.

The following benefits are currently available under P4HB and will continue to be available upon program extension.

1. Family planning services and supplies described in section 1905(a)(4)(C) of the Act are reimbursable at the 90 percent matching rate, including: approved methods of contraception, sexually transmitted infection testing, Pap test, pelvic exams, drugs, supplies, devices related to women's health services, contraceptive management, patient education, and counseling. Family planning-related services are reimbursable at the State's Federal Medical Assistance Percentage (FMAP) rate.
2. 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.
3. Women who are enrolled in the IPC component of the P4HB are also eligible for primary care referrals to other social service and health care providers as medically indicated, 5 office/outpatient visits, management and treatment of chronic diseases, substance use disorder treatment (detoxification and intensive outpatient rehabilitation) (referral required), case management/ Resource Mothers Outreach, limited dental, prescription drugs (non-family planning), and non-emergency medical transportation. These services are reimbursable at the State's FMAP rate.
4. Women serviced under the IPC and Resource Mothers Outreach components of the P4HB will have access to Resource Mothers Outreach. The CMOs will employ or contract with Resource Mothers and the Resource Mothers will assist nurse case managers to achieve defined health improvement goals.

Estimated Annual Enrollment and Aggregate Expenditures.

Federal policy requires that Section 1115 Demonstration applications be budget neutral to the federal government. This means that an 1115 Demonstration should not cost the federal government more than what would have otherwise been spent absent the 1115 Demonstration.

Georgia will maintain budget neutrality over the ten-year lifecycle of its P4HB Section 1115 Demonstration, with total spending under the demonstration not exceeding what the federal government would have spent without the demonstration.

Actual and projected total P4HB Section 1115 demonstration enrollment and expenditures are listed below:

	Planning for Healthy Babies Members	Cost of Planning for Healthy Babies Waiver
CY 2013 (Demonstration Year 03) Actual Results	63,908	\$18,241,757
CY 2014 (Demonstration Year 04) Actual Results	38,600	\$8,600,688
CY 2015 (Demonstration Year 05) Actual Results	21,352	\$4,618,677
CY 2016 (Demonstration Year 06) Actual Results	19,731	\$4,744,092
CY 2017 (Demonstration Year 07) Actual Results	37,872	\$7,103,130
CY 2018 (Demonstration Year 08) Projected Results	79,387	\$15,828,858
CY 2019 (Demonstration Year 09) Projected Results	96,946	\$18,668,910
CY 2020 (Demonstration Year 10) Projected Results	47,841	\$11,213,937
CY 2021 (Demonstration Year 11) Projected Results	35,103	\$9,498,426
CY 2022 (Demonstration Year 12) Projected Results	32,654	\$9,576,152
CY 2023 (Demonstration Year 13) Projected Results	32,957	\$10,217,312
CY 2024 (Demonstration Year 14) Projected Results	33,278	\$10,902,072
CY 2025 (Demonstration Year 15) Projected Results	33,617	\$11,633,439

CY 2026 (Demonstration Year 16) Projected Results	33,975	\$12,414,631
CY 2027 (Demonstration Year 17) Projected Results	34,354	\$13,249,088
CY 2028 (Demonstration Year 18) Projected Results	34,754	\$14,140,495

Hypothesis and Evaluation Parameters.

The key hypothesis for the P4HB waiver are as follows:

- If P4HB lowers the number of overall Medicaid paid pregnancies, deliveries, births, the state and federal government will ultimately realize a net cost savings despite increased spending on family planning and interpregnancy care related services.
- If P4HB causes changes such that there are relatively fewer low birth weight and very low birth weight infants born to Medicaid enrolled women in Georgia, total expenditures should be lowered for the state and federal government.

P4HB will continue to be evaluated using a quasi-experimental design to test for changes pre- and post-P4HB using the following performance measures:

- Total family planning visits per poor and near poor woman;
- Use of contraceptive services/supplies per poor and near poor woman;
- Use of interpregnancy care services (primary care and outreach) by women with a VLBW delivery;
- Average interpregnancy intervals for poor and near poor women;
- Average interpregnancy intervals for women with a VLBW delivery;
- Teen and repeat teen births for poor and near poor 18- and 19-year-olds;
- Rate of LBW and VLBW deliveries among the Medicaid population with comparisons to the statewide rates for LBW and VLBW deliveries;
- Rate of LBW and VLBW deliveries among poor and near poor women and among Medicaid enrolled women compared to other populations within the state;
- Rate of infant mortality among the Medicaid population with a comparison to the statewide rate for infant mortality;
- Rate of infant mortality among poor and near poor women and among Medicaid enrolled women compared to other populations within the state.

The objectives of the evaluation are to test not only for changes in the performance measures pre and post P4HB but to assess whether there is evidence of a causal pathway through the expanded

access the P4HB program provides. When sufficient numbers of eligible women enroll in the program such that there is an increase in the overall use of family planning services and supplies among low-income women or an increase in consistent use of more effective contraceptive methods than would otherwise occur, use of methods of higher effectiveness should lead to reduced rates of unintended pregnancies, unintended births among this population of women, and improved interpregnancy intervals. Since teens are at high risk of unintended pregnancies, the rate of unintended births and repeat teen births should also fall as a result of the Demonstration.

Waiver Authorities.

DCH is requesting to extend the same waiver authorities as currently approved in the P4HB demonstration. Those waiver authorities are listed below:

- **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 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)(8)** - 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 may 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 Section 1902(a)(43)(A) (EPSDT)** - To the extent necessary to enable the State to not furnish or arrange for all EPSDT services to Demonstration Populations 1 and 2.

Expenditure Authorities.

DCH is requesting to extend the same expenditure authorities as currently approved in the P4HB demonstration. Those expenditure authorities are listed below:

- 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); and,
 - Uninsured women, ages 18 through 44, who have family income at or below 211 percent of FPL, and who are not otherwise eligible for Medicaid or CHIP.
- Demonstration Population 2: Expenditures for extending family planning, family planning-related, and IPC services to women, ages 18 through 44, who deliver a VLBW baby on or after January 1, 2011, with family income at or below 211 percent of the FPL, and who are not otherwise eligible for Medicaid or CHIP. IPC services will be available for 2 years after enrollment.
- 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, who are eligible for Medicaid. Resource Mother services will be available for 2 years after enrollment.

Locations to Access Copies of Public Notice and Waiver Application.

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

Public Hearings and Public Input Procedure.

Two opportunities for in person public comment will be held. DCH will accept verbal and written comments at these meetings. The meetings are as follows:

- Thursday, October 18, 2018, 10:30 a.m. EST
 Department of Community Health
 2 Peachtree Street Northwest, Atlanta, Georgia 30303
 1-877-411-9748, Access Code 2562265, or,
 WebEx:
<https://dchevents.webex.com/dchevents/onstage/g.php?MTID=ec921dc1b62121fc211007edf9f17437a>
 Event number: 667 744 378
- Friday, October 26, 2018; 8:00 a.m. - 2:00 p.m. EST
 Center for Rural Prosperity, The Georgia Chamber Tifton Office
 1001 Love Avenue Tifton, Georgia 31794

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

Individuals wishing to comment in writing on any of the proposed changes should do **between Thursday, October 11, 2018 and Monday, November 29, 2018**, 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 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. Public comments and public testimony will be provided to the Board of Community Health prior to the **December 14, 2018** Board meeting. The Board will vote on any proposed changes at the Board meeting to be held at 10:30 a.m. at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room.

NOTICE IS HEREBY GIVEN THIS 11th DAY OF OCTOBER, 2018
Frank W. Berry, Commissioner

Abbreviated Public Notice

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