



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

HCBS Incident Reporting System



Elderly and Disabled Waiver Program Provider Training



Background Information

Why An Incident Report Matters

- A requirement by CMS to ensure the health and safety of waiver participants
- Helps address potential gaps in the waiver participant's care and improve quality of services
- Serves to identify patterns across waiver programs, providers, and incident types to allow for aggregate and individual remediation

Counties included in April Launch

Baker

Calhoun

Chattahoochee

Clay

Crisp

Colquitt

Decatur

Dooly

Dougherty

Early

Grady

Harris

Lee

Macon

Marion

Miller

Mitchell

Muscogee

Quitman

Randolph

Schley

Seminole

Stewart

Sumter

Talbot

Taylor

Terrel

Thomas

Webster

Worth

Counties included in June Launch

Baldwin

Jones

Upson

Bibb

Lamar

Spaulding

Carroll

Meriwether

Troup

Coweta

Monroe

Twiggs

Crawford

Peach

Wilkinson

Heard

Pike

Houston

Pulaski

Counties included in August Launch

| | | | | |
|----------|----------|-----------|------------|----------|
| Appling | Bulloch | Echols | Jeff Davis | Telfair |
| Atkinson | Camden | Effingham | Johnson | Tift |
| Bacon | Candler | Evans | Laurens | Toombs |
| Benhill | Charlton | Emanuel | Lowndes | Ware |
| Berrien | Chatham | Glynn | Mcintosh | Wayne |
| Bleckley | Clinch | Lanier | Montgomery | Wilcox |
| Brantley | Coffee | Liberty | Pierce | Wheeler |
| Brooks | Cook | Long | Putnam | Turner |
| Bryan | Dodge | Irwin | Tattnall | Treutlen |

Counties included in October Launch

| | | | | | |
|-----------|----------|-----------|------------|------------|------------|
| Banks | Dawson | Gordon | Jenkins | Polk | Washington |
| Barrow | Dekalb | Greene | Lincoln | Rabun | Wilkes |
| Bartow | Douglas | Gwinnett | Lumpkin | Richmond | White |
| Burke | Elbert | Habersham | Madison | Rockdale | Whitfield |
| Catoosa | Fannin | Hall | McDuffie | Screven | |
| Chattooga | Fayette | Hancock | Morgan | Stephens | |
| Cherokee | Floyd | Haralson | Murray | Taliaferro | |
| Clarke | Forsyth | Hart | Newton | Towns | |
| Clayton | Franklin | Henry | Oconee | Union | |
| Cobb | Fulton | Jackson | Oglethorpe | Walker | |
| Columbia | Glascok | Jasper | Paulding | Walton | |
| Dade | Gilmer | Jefferson | Pickens | Warren | |

The background of the slide features a solid blue color with several wavy, horizontal lines in shades of light blue and yellow. These lines are positioned at the top and bottom of the slide, creating a sense of movement and depth.

Policy Overview

Changes to CCSP & SOURCE General Services Manual

- New Section 601.6 - Reporting and Investigating Incidents
- Updated Section 602(B) – Corrective Action: Reasons for Suspension of Referrals
- Updated Section 602.4(B) – Reasons to Impose Adverse Actions
- Updated Section 607.5(C) – Staff Development and Training
- Appendix DD Incident Report Form – Replaced with two separate reporting forms:
 - Incident Report
 - Follow-up and Interventions Report

Changes to CCSP and SOURCE Case Management Manuals

CCSP Case Management

- Revised Chapter 1833 - Reporting and Investigating Incidents
- EDWP Notification Form – Revised to remove references to hospitalizations, falls and other reportable incident types.
- Hospitalization Tracking Assessment- Discontinue use in Harmony. Incidents of hospitalizations and emergency room visits will be reported using the new incident report.

SOURCE Case Management

- Revised Chapter 1411 - Reporting and Investigating Incidents
- Hospitalization Tracking Form – Discontinue use. Incidents of hospitalizations and emergency room visits will be reported using the new incident report.
- Sentinel Event Form – Discontinue use. Replaced with two separate reporting forms:
 - Incident Report
 - Follow-up and Interventions Report

Who is required to submit an Incident Report?

- Direct Service Providers
 - All incidents that occur at the direct service providers' location OR where the direct service provider is the first person to witness or discover the incident, regardless of location.
- Case Managers
 - The case manager is responsible for reporting incidents if he/she is the first person to witness or discover the incident.

Note: ERS providers are exempt from complying with the new incident reporting system.

Section 601.1(O) ALS Family Model Providers

NOTE: ALS and ADH providers will complete an incident report of any event/situation that has placed the client's health, safety, and/or welfare in jeopardy or at risk. **If an incident that occurs in an ADH involves a member who resides in an ALS, the provider must also notify the ALS.** (Rev. 10/14) All other service providers will complete an incident report of such events/situations if any of their staff were present at the time of the incident or were a part of the incident. Interventions must be specific to the client's cognitive, physical or mental impairment and target reduction of risk for client injury and reduce risk of recurrent incidents. **ALS Family management agencies are required to communicate their incident reporting policy with their registered homes that indicates the party responsible for accessing the online reporting system.**



Responsibilities of the Reporting Provider

- **Submit** the Incident Report to the Department within 24 hours of the incident, or the discovery of the incident, but no later than one (1) business day. The incident report will be located at: <https://www.medicaid.georgia.gov> under Provider links.
- **Notifications to:**
 - The individual's guardian and/or next of kin, as legally appropriate:
 - Notification of incident with a severity ranking of 3 and above shall occur within two (2) hours.
 - Notification of all other incidents shall occur within twenty-four (24) hours.
 - If the event occurred in an unlicensed facility/agency, Law enforcement and Adult Protective Services in instances of suspected abuse, neglect and/or exploitation of the member.
 - If the event occurred in a licensed facility/agency, Law enforcement, Healthcare Facilities Regulation Division, and the Long-term Care Ombudsman in instances of suspected abuse, neglect and/or exploitation of the member.
 - If instances of suspected abuse, neglect and/or exploitation of a member who is a minor, Law enforcement and the Child Protective Services.



Responsibilities of Case Management

- **Investigate** or **follow-up** on the incident with involvement of other waiver providers as applicable
 - Ensure that no other incidents or abuse takes place while the investigation is ongoing.
 - Determine if risk factors existed prior to the incident, which may have identified potential for incident occurrence.
 - Identify interventions to reduce or prevent a similar incident in the future.
 - Identify the individual responsible for implementation of the interventions and the process for evaluating the effectiveness of the plan.
- **Submit** the Follow-Up and Interventions Report to the Department within seven (7) business days. Link to the report is in the confirmation email received after submission of the incident report.
- **Maintain** documentation of all reports in the client record

Reportable Incident Types

- Aggressive Act
- Accidental Injury
- Alleged Abuse
 - Physical
 - Sexual
 - Verbal
 - Psychological
- Alleged Criminal Act by a Member
- Alleged Neglect or Self Neglect
- Choking with intervention
- Death
 - Unexpected
 - Expected
- Elopement greater than 30 minutes
- Environmental Threat
- Fall
 - Accidental
 - Purposeful
 - Medical
- Media Alert
- Medication Error with and without Adverse Consequences
- Hospitalization
 - Psychiatric
 - Medical
- ER Visit
- Seclusion or Restraint
- Suicide Attempt resulting injury
- Violation of Individual Rights



Incident Types (1/5)

- **Aggressive Act** - Aggressive act resulting in injury of severity ranking 3, 4, and 5.
- **Accidental Injury** - Injuries to individuals with a known cause that were not a result of aggressive acts to self or others.
- **Alleged Abuse**
 - **Physical** - The willful or intentional use of physical force to coerce or to inflict bodily harm, pain or mental anguish. Indicators of physical abuse may include, but are not limited to, rough handling, improper use of restraints, injuries not consistent with medical diagnosis or explanation, or unreasonable confinement.
 - **Sexual** - Any kind of sexual behavior directed towards an individual without their full knowledge and consent. A spouse, partner, family member or other trusted person can perpetrate sexual abuse. Indicators of sexual abuse include, but are not limited to, any nonconsensual sexual contact, inappropriate touching, forced viewing of sexually explicit materials, sexual harassment or sexual assault.
 - **Verbal** - Verbal abuse is any use of oral, written or gestured language that may be perceived to be threatening, demeaning, discriminatory, or insulting regardless of their age, ability to comprehend, or disability.
 - **Psychological** - Using tactics, such as harassment, insults, intimidation, isolation or threats that cause mental or emotional anguish. It diminishes the person's sense of identity, dignity, and self-worth.



Incident Types (2/5)

- **Alleged Criminal Act by a Member** - Conduct that could result in criminal proceedings
- **Alleged Neglect or Self Neglect** - Failure to provide essential services (food, water, shelter, medical, etc.) that cause actual or potential physical or medical harm, mental anguish, or mental illness. Failing to perform essential self-care such as depriving oneself of necessities such as food, water, or medication. Consciously putting oneself in harm's way or being unable to handle needs of day-to-day living because of medical, mental health or other disabilities.
- **Choking with intervention** - An incident of choking that required intervention to clear the airway. Choking is defined as any episode of airway obstruction by food or foreign object as evidenced by one or more of the following: a) inability to speak when asked if choking (if individual is verbal); b) inability to breath or difficulty taking in adequate breaths; c) movements indicating distress such as grasping for neck or throat; d) turning blue.



Incident Types (3/5)

- **Death**
 - **Unexpected** - Death due to any cause where the cause of death is not attributed to a terminal diagnosis or diagnosed disease process where the reasonable expectation or outcome is death, does not meet the definition of an expected death. Examples include but not limited to death from suicide, homicide, medication errors, undiagnosed condition, criminal activity, an accident, or possible abuse or neglect.
 - **Expected** – Cause of death is attributed to a terminal diagnosis or diagnosed disease process identified more than 30 days before the date of death, where the reasonable expectation or outcome is death, there is no indication that the individual was not receiving appropriate care.
- **Elopement greater than 30 minutes** - A cognitively impaired person who successfully leaves unsupervised and undetected from a residential location or day program.
- **Environmental Threat** - An event with direct impact on member health and safety occurring within or around a residential location or day program. These events can result in but are not limited to mortality, illness and/or injury, and disrupts living arrangements requiring intervention or relocation.

Incident Types (4/5)

- **Fall**
 - **Accidental:** Uncontrolled, unintentional, downward displacement of the body to the ground or other object.
 - **Purposeful:** Willful intent of an individual to cause downward displacement of the body to the ground or other object.
 - **Medical:** Uncontrolled, unintentional, downward displacement of the body to the ground or other object due to a medical condition.
- **Media Alert** - An incident that may have significant impact upon, or significant relevance to, issues of DCH public concern and/or are likely to be reported in the media.
- **Medication Error**
 - **With Adverse Consequences:** A failure in the medication process that results in a significant adverse reaction requiring medical attention in an emergency room, urgent care center, or hospital. Errors include but are not limited to omission of a medication, wrong dose, wrong time, wrong person, wrong medication, wrong route, and/or wrong position.
 - **Without Adverse Consequences:** A failure in the medication process that does not result in harm. Errors include but are not limited to omission of a medication, wrong dose, wrong time, wrong person, wrong medication, wrong route, and/or wrong position.



Incident Types (5/5)

- **Hospitalization**
 - **Psychiatric:** An unplanned, involuntary admission of an individual to a psychiatric treatment facility.
 - **Medical:** Any admission to a hospital, either directly or through a facility's emergency room.
- **ER Visit:** Any admission to an emergency room.
- **Seclusion or Restraint:** The use of physical holding and mechanical restraints and/or solitary confinement of member, which are prohibited per waiver policy.
- **Suicide Attempt resulting injury:** Self-inflicted harm due to failed suicide attempt. Injury severity scale 2, 3, and 4.
- **Violation of Individual Rights:** A denial of an individual's rights without good cause regardless of age, race, sex, nationality, ethnicity, sexual orientation, language or religion. Examples include but are not limited to a denial of individual's rights without the benefit of due process, breaching an individual's confidentiality, purposely allowing an individual's privacy to be invaded or breached, denial of access to the Patients' Rights Advocate, and denial of legal representation.



Injury Severity Ratings

- Severity 1 – No injury (no treatment required)
- Severity 2 – Injury requiring first aid
- Severity 3 – Injury requiring treatment beyond first aid that is not serious enough to warrant hospitalization, such as sutures, broken bones, prescriptions, etc.
- Severity 4 – Injury requiring hospitalization
- Severity 5 – Death
- Severity 6 – Refused treatment

Intervention Types

- **Staff related** – staff training, review, changes to staffing patterns, or supervision
- **Individual related** – review of protocols, new/additional assessments (behavioral or medical), coordination of care, review of service plan, increased observation
- **Equipment/Supplies related** – purchase or repair equipment or supplies, obtain new devices
- **Environment related** – evaluate the area, make physical modifications for mobility or safety, temporary or permanent relocation
- **Policy and Procedure related** – review or update written provider policies, procedures, and/or guidelines
- **Provider Quality Improvement related** – internal investigation, internal corrective action plan, systematic assessment or change
- **Referral to other agencies or community services**
- **Other** – any action not identified above



Reporting Abuse, Neglect, or Exploitation (ANE) in Long-term Care or Licensed Facilities

Mandated Reporters having reasonable cause to believe any resident or former resident has been abused or exploited while residing in a long-term care facility shall immediately report to Healthcare Facility Regulation Division (HFRD) AND an appropriate law enforcement agency or prosecuting attorney. Pursuant to O.C.G.A. § 31-8-82 mandatory reporters include:

- Administrator, manager, physician, nurse, nurse's aide, orderly, or other employee in a hospital or facility
- Employee of a public or private agency engaged in professional services to residents or responsible for inspection of long-term care facilities

To report abuse, neglect & exploitation in a Long-term care facility such as a nursing home, assisted living community or personal care home, contact:

HEALTHCARE FACILITY REGULATION

(Call 911 for Life-Threatening Emergencies)

1. Call HFR 1-800-878-6442
2. On-line: www.dch.georgia.gov,
Click link "Healthcare Facility Regulation"
Scroll down and click link, "File a Complaint" follow prompts

Note: This incident report will be automatically submitted to HFRD if a separate report has not been filed.



Reporting ANE in the Community

Mandated Reporters having reasonable cause to believe that a disabled adult or elder person who is not a resident of a long-term care facility, has been the victim of abuse, other than by accidental means, or has been neglected or exploited shall report or cause reports to be made to Adult Protective Services (APS) AND an appropriate law enforcement agency or prosecuting attorney. Pursuant to O.C.G.A. § 30-5-4(a) mandatory reporters include:

- Employees of a public or private agency engaged in professional health-related services to elder persons or disabled adults.
- Adult Day Care personnel

To report abuse, neglect or exploitation of adults with disabilities or older adults who do not live in a long-term care facility, contact:

ADULT PROTECTIVE SERVICES
(Call 911 for Life-Threatening Emergencies)

1. Call APS 1-866-552-4464 and follow prompts
Reports accepted by phone M-F 8:00 a.m. – 5:00 p.m.
2. On-line: www.aging.ga.gov, Click link, "Report Elder Abuse"
3. Fax Form found on "Report Elder Abuse" link to 770-408-3001



The background of the slide features a solid blue color with several wavy, horizontal lines in shades of light blue and yellow-green, creating a dynamic, flowing effect.

Incident Reporting Process

Accessing the Incident Report

The screenshot shows the Georgia Medicaid website interface. At the top, there are three main navigation links: [Patients First Act](#), [PeachCare for Kids](#), and [Planning For Healthy Babies](#). To the right of these links, there are additional links: [\(TEFRA\)/Katie Beckett](#), [Georgia Families](#), and [Georgia Families 360°](#). Below the navigation bar, the page is divided into two main sections. On the left, under the heading "Providers", there is a description: "These links take you to the main website for the Department of Community Health." Below this description are four links: [Provider Types](#), [Preferred Drugs](#), [Provider Forms](#), and [HCBS Incident Reporting System](#). A large red arrow points to the [HCBS Incident Reporting System](#) link. On the right, under the heading "Medicaid News", there is a link to [Patients First Act](#) and a paragraph of text: "For more information on the waiver submissions please visit the [Patients First Act Webpage](#). Important update: New public comment period for the 1332 Waiver Application. For more information, please visit the Patients First Act webpage." At the bottom of the page, there is a footer with the Georgia Medicaid logo, the text "GEORGIA MEDICAID", and social media icons for Facebook, Twitter, LinkedIn, and YouTube. Below the footer, there are three main navigation links: "How can we help?", "Apply for Medicaid", and "Your Government".

Identify Member's Case Manager

Direct Service Providers must select the correct case management agency. All emails listed on the incident report will receive notification that an incident report has been submitted and will receive all other email notifications from the Department.

er-programs/hcbs-incident-reporting-system

I am the contact person to contact if there are questions about this report* (7)
☐ Yes ☐ No

Case Management Provider

I am a case manager:* (7)
☐ Yes ☒ No

Provider Name:*

Case Manager Name:*

Case Manager Phone:

Case Manager Email:*

Date and Time of Notification:*

Method of Notification:
☐ Phone
☐ Email
☐ In Person Conversation
☐ Webform
☐ Fax
☐ Text
☐ Other

Notifications
The reporter will notify all notified, the date and method of notification, and the name of the person notified.

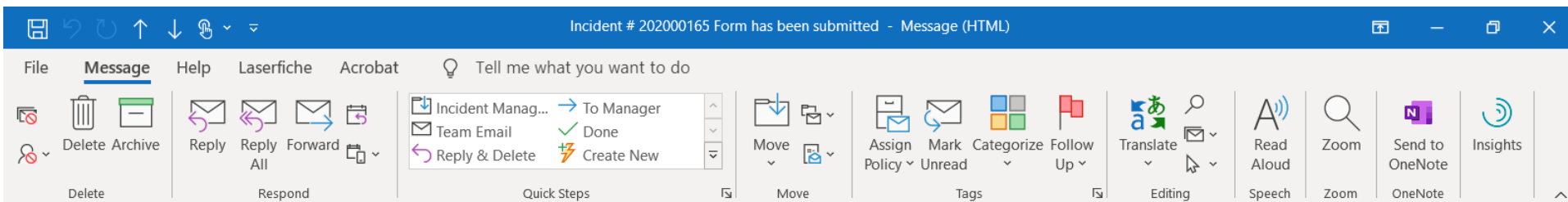
Entity Notified:

Name of Person Notified:

Date and Time of Notification:

360 Case Management - CCSP
360 Case Management - ICWP
360 Case Management - SOURCE
A Step Above
Ace Care Management
Affiliated Case Management, Inc.
Albany ARC
All About You Consulting
Andrea Monday Case Management
Atlanta Pro Health, LLC
Autumn Moon Case Management
Averhart's Case Management
B&B Care Services
Benchmark Human Services
Brown and Walker consultant
CAL Management Services, LLC
Care Lync Georgia, LLC
Caring Hands Case Management Services
Caring Hearts Case Management
Columbus Regional Healthcare System
Compassionate Care
Concerted Services (Action Pact)
Crisp Care Management
Crossroads Community - Perry
Crossroads Community - Tifton
CSS Management Services
D&B Case Management Firm LLC
Destiny Bound (CM)
Disability Action Center/Disability Link

Confirmation Email Example



Incident # 202000165 Form has been submitted

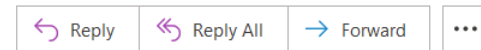


workflow@dch.ga.gov

To Luca, Lavinia

Cc Dugger, Rebecca

Copy of the Incident Report



Thu 1/30/2020 10:29 AM



Incident Report No. 202000165 was successfully submitted to the Department of Community Health. A summary of the incident is included in this email. Please save a copy of the report in the member's record. The Follow-Up and Interventions Report is due within seven (7) business days and can be accessed using the link included in this email.

https://forms.dch.georgia.gov/Forms/HCBS_Incident_Report_Follow_Up?Incident_Number_=202000165


Link to access the Follow-Up and Interventions Report

Email Reminder to Submit Follow-Up Report

The screenshot shows an Outlook email window. The title bar reads "Follow-Up and Interventions Report is due in 3 business days - Message (HTML)". The ribbon includes "File", "Message", "Help", "Laserfiche", and "Acrobat". The "Message" tab is active, showing options like "Delete", "Archive", "Reply", "Reply All", "Forward", and "Quick Steps". The "Quick Steps" section includes "Incident Manag...", "Team Email", "Reply & Delete", "To Manager", "Done", and "Create New". The "Move" section includes "Move", "Assign Policy", "Mark Unread", "Categorize", and "Follow Up". The "Editing" section includes "Translate", "Read Aloud", "Zoom", "Send to OneNote", and "Insights".

The email content is as follows:

Follow-Up and Interventions Report is due in 3 business days

 noreply@dch.ga.gov
To: Luca, Lavinia

Reply Reply All Forward

Wed 2/5/2020 10:30 AM


This is a reminder that the Follow-Up and Interventions Report is due in 3 business days for Incident No. XX. Please refer to the confirmation email of this incident to access the link to the Follow-Up and Interventions Report.

A red octagonal sign with a black border is overlaid on the email content. It contains the text: "Refer back to the confirmation email that included a copy of the incident report."

Follow-Up and Interventions Report

New Submission

https://forms.dch.georgia.gov/Forms/HCBS_Incident_Report_Follow_Up?Incident_Number_=202000608

 **GEORGIA DEPARTMENT OF COMMUNITY HEALTH** **HCBS Incident Follow-Up and Interventions Report**

Incident Number: * (?) 202000608

Member Name: * (?)

Provider Name: * (?)

What did your agency do directly following the incident to make sure the individuals and staff were safe? * (?)

What circumstances may have led to the incident? * (?)

Was the incident due to COVID-19? *

360 Case Management - CCSP
360 Case Management - ICWP
360 Case Management - SOURCE
A Step Above
Ace Care Management
Affiliated Case Management, Inc.
Albany ARC
All About You Consulting
Andrea Monday Case Management
Atlanta Pro Health, LLC

Per policy, it is a function of case management to fill out the Follow-Up and Interventions Report. A set list of case management agencies has been included in the report.

Submission Confirmation of Follow-Up and Interventions Report

Save a copy to maintain in the member's file.

Thank you!

Your form has been submitted.

Download

Print

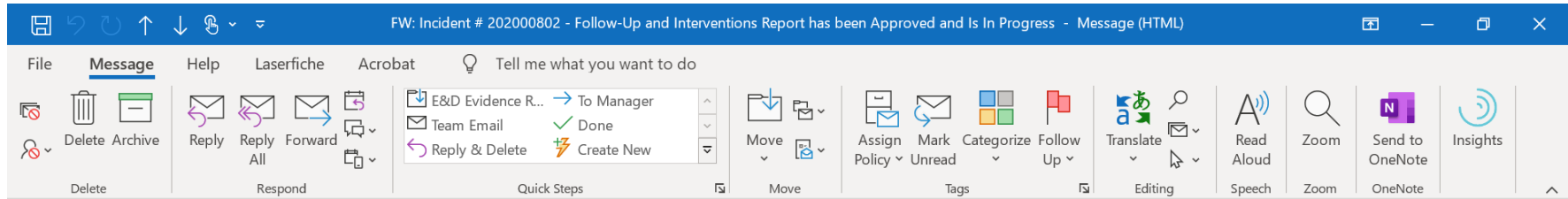
Form title

Single Line


Ravi


Powered by Laserfiche Forms

Progress Update Email Example



FW: Incident # 202000802 - Follow-Up and Interventions Report has been Approved and Is In Progress

 Stelly, Vonnie
To: Luca, Lavinia
Office: 404 650-1815

 Reply  Reply All  Forward 

Fri 7/10/2020 1:31 PM

Reader Advisory Notice: E-mail to and from a Georgia state agency is generally public record, except for content that is confidential under specific laws. Security by encryption is applied to all confidential information sent by e-mail from the Georgia Department of Community Health.

From: HCBS.IncidentReports@dch.ga.gov <HCBS.IncidentReports@dch.ga.gov>

Sent: Wednesday, July 8, 2020 1:46 PM

To: [REDACTED]

Cc: Stelly, Vonnie <VStelly@dch.ga.gov>

Subject: Incident # 202000802 - Follow-Up and Interventions Report has been Approved and Is In Progress

Note the frequency indicated
for the progress update:
weekly, bi-weekly, or monthly

The waiver specialist has required a progress update Weekly until all interventions are deemed complete. Reminder emails will be sent to notify that a progress update is due.

[REDACTED]

Progress update form can be accessed using the link included in this email.

https://forms.dch.georgia.gov/Forms/HCBS_Progress_Update_Report?Incident_Number_=202000802

Link to access the
Progress Update
Form

Follow-Up Review Decisions

- Approved/In Progress
 - Follow-up information is determined to be sufficient, but the interventions identified may warrant providing the waiver specialist additional information as they are completed.
 - Requires submission of progress updates using the Progress Update Form at the frequency indicated by the waiver specialist; weekly, bi-weekly, and monthly.
- Approved/Closed
 - Follow-up information is determined to be sufficient and demonstration of noted interventions have been completed or require no further follow-up to the waiver specialist.
- Denied/Re-submit
 - Follow-up information is not complete, or interventions may not be appropriate or there are other noted errors requiring resubmission of the report. The resubmission will be due in three (3) business days by case management.
- Denied/Closed
 - Notable errors were found on the incident report and the follow-up report requiring termination of the existing report and the submission of an entirely new incident report.

Frequently Noted Errors to Avoid

- Direct Service Providers **failing to include case management** information when submitting the incident report.
- **Entering email addresses incorrectly** which results in the reporting provider or other points of contact from receiving email notifications.
- Direct Service Providers should not complete the Follow-Up and Interventions Report.
- **Failing to submit the Follow-Up and Interventions Report** within 7 business days.
- Failing to provide a **Progress Update** when requested by the waiver specialist.

Reporting on COVID-19 exposure

Submission of an HCBS Incident Report is required if a member may have possible exposure to COVID-19 either by staff or other family and where no ER admission, hospitalization, or death has occurred.

The incident type selected should be ***environmental threat***. The Department also advises that those with possible exposure seek their status by testing and quarantining as outlined in the Department of Public Health guidelines, <https://dph.georgia.gov/dph-guidance>.

If the home is the risk, then interventions should include temporary relocation of the member and/or reassignment of staff.

Environmental Threat: An event with direct impact on member health and safety occurring within or around a residential location or day program. These events can result in but are not limited to mortality, illness and/or injury, and disrupts living arrangements requiring intervention or relocation.

HCBS Incident Reporting System Resources

The screenshot shows a web browser window with the URL <https://medicaid.georgia.gov/programs/all-programs/waiver-programs/hcbs-incident-reporting-system-resources>. The page features a vertical sidebar with a list of resources. The 'HCBS Incident Reporting System Resources' item is highlighted with a blue arrow pointing to it. A text box on the right lists the types of resources available, and a large arrow points from this text box to the URL in the browser's address bar.

Resources include: Training presentations, list of counties that are actively using the new reporting tools, definitions of incident types, link to waiver policy manuals, etc.

<https://medicaid.georgia.gov/programs/all-programs/waiver-programs/hcbs-incident-reporting-system-resources>

Georgia Money Follows The Person (Ga MFP)

- > Patients First Act
- > Planning For Healthy Babies
- > Non-Emergency Medical Transportation
- Right from the Start Medical Assistance Group
- TEFRA/Katie Beckett
- ▼ Waiver Program
 - HCBS Incident Reporting System
 - HCBS Incident Reporting System Resources**
 - Long Term Services and Supports

GEORGIA MEDICAID

12:12 PM 7/13/2020

Q&A



For questions or technical assistance, please email the HCBS Waiver Team at HCBS.IncidentReports@dch.ga.gov

