



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

HCBS Incident Reporting System



Independent Care 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

Grady

Schley

Calhoun

Harris

Seminole

Chattahoochee

Lee

Stewart

Clay

Macon

Sumter

Crisp

Marion

Talbot

Colquitt

Miller

Taylor

Decatur

Mitchell

Terrel

Dooly

Muscogee

Thomas

Dougherty

Quitman

Webster

Early

Randolph

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	

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	





Policy Overview

Changes to ICWP Policy Manuals

- Revised Section 604.2 - Reporting and Investigating Incidents
- Updated Section 603.1 – Conditions for Adverse Actions
- Report of Consumer Death K2 Form - Discontinue use. Incidents of unexpected or expected deaths will be reported using the new incident report.
- Sentinel Event Documentation K3 Form - Replaced with two separate reporting forms:
 - Incident Report
 - Follow-up and Interventions Report
- Quarterly Review Tool (Variances) - Revised to reflect its main purpose to document compliance, progress and continued appropriateness of the member's plan every 90 days.
- Reporting requirement of hospital stays over 30-60 days to Alliant remains **unchanged** to initiate K1 member discharge notification. **Note: All hospitalizations and emergency room visits are reportable incident types to the Department.**



Alliant Health Solutions Reporting Requirements

Report potential discharges and non-compliance to Alliant Health Solutions (AHS). Review ICWP Manual Section 706.1 for a complete list of discharge reasons.

- Report deaths to AHS using Appendix K-1 in the web portal
- Report changes in medical condition that require care plan changes or change in services to AHS using Appendix U in the web portal
- If the event does not require discharge or a non-compliance letter from AHS, list the event as a variance on the member's quarterly 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.

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





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 is a section for [\(TEFRA\)/Katie Beckett](#), [Georgia Families](#), and [Georgia Families 360°](#).

The main content area is divided into two columns. The left column is titled **Providers** and contains the text: "These links take you to the main website for the Department of Community Health." Below this text 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.

The right column is titled **Medicaid News** and contains the link [Patients First Act](#). Below this link is 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."

The footer of the website features the Georgia Medicaid logo on the left, social media icons for Facebook, Twitter, LinkedIn, and YouTube on the right, and 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 Convers
☐ Webform
☐ Fax
☐ Text
☐ Other

Notifications
The reporter will notify all notified, the date and method of notification can be added.

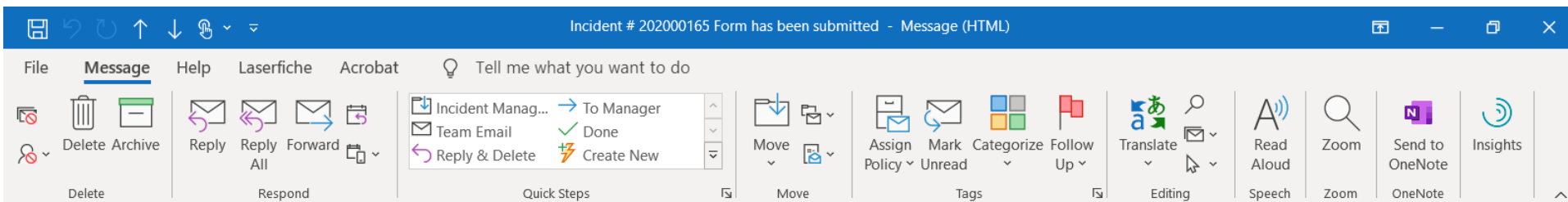
Entity Notified:

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

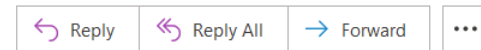


workflow@dch.ga.gov

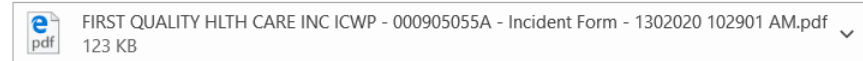
To Luca, Lavinia

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

Follow-Up and Interventions Report is due in 3 business days - Message (HTML)

File Message Help Laserfiche Acrobat Tell me what you want to do

Delete Archive Reply Reply All Forward Quick Steps Incident Manag... To Manager Team Email Done Reply & Delete Create New Move Assign Policy Mark Unread Categorize Follow Up Translate Editing Read Aloud Zoom Send to OneNote Insights

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.

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

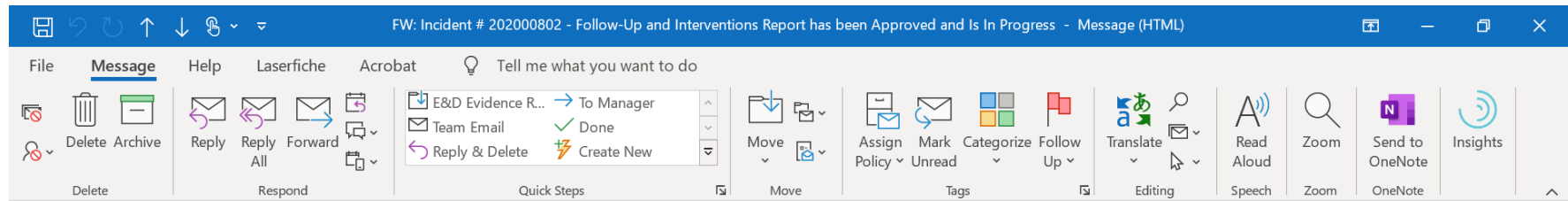
Form title

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.

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 links. The link "HCBS Incident Reporting System Resources" is highlighted with a blue arrow pointing to it. A text box on the right states: "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." Below this, a large blue arrow points from the text box to the URL <https://medicaid.georgia.gov/programs/all-programs/waiver-programs/hcbs-incident-reporting-system-resources>. The footer of the page includes the Georgia Medicaid logo, social media icons for Facebook, Twitter, LinkedIn, and YouTube, and the Georgia Department of Community Health logo.

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

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 MEDICAID

GEORGIA DEPARTMENT OF COMMUNITY HEALTH



Q&A



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