2026-SU-CR- 1334-HV
HENRY SUPERIOR COURT

October Term, 2026

The State
Vs.

SHALUNDA D. WIMES

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32 COUNTS OF MEDICAID FRAUD in violation of **O.C.G.A. § 49-4-146.1(b)(1)**

TRUE Bill [redacted]

CHRISTOPHER CARR, ATTORNEY GENERAL
DARIUS PATTILLO, DISTRICT ATTORNEY

Returned in Open Court by Grand Jury Bailiff,
this 12th **day of** November **2026.**

Clerk of Superior Court

Recorded in Indictment Book _____ Page _____.

Minute and Final Rec. Book _____ Page _____.

STATE OF GEORGIA, COUNTY OF HENRY
IN THE SUPERIOR COURT OF SAID COUNTY

The GRAND JURORS selected, chosen and sworn for the County of Henry, to wit:

[redacted]

COUNTS 1-32

in the name and behalf of the citizens of Georgia, charge and accuse **SHALUNDA D. WIMES** with the offense of **MEDICAID FRAUD** in violation of **O.C.G.A. § 49-4-146.1(b)(1)** in that the said accused in the State and County aforesaid, on or about **January 1st, 2023 and continuing to November 22nd, 2024** did unlawfully obtain, attempt to obtain, and retain for herself payments to which the accused was not entitled, and in amounts greater than that to which the accused was entitled, from the Georgia Medicaid program by means of a fraudulent scheme and device, to wit:

BACKGROUND

1.

Georgia Medicaid is a federal and state-funded program providing health care services for those who otherwise could not afford them, including for individuals with physical and intellectual disabilities. Georgia Medicaid is administered by the Georgia Department of Community Health (DCH).

2.

Individuals and entities reimbursed by Georgia Medicaid for covered services are known as "Providers." Prior to billing services to the Medicaid program, providers must enroll with Georgia Medicaid. As part of the enrollment process providers must agree to abide by the policies and procedures of the Medicaid program and applicable state and federal laws.

3.

Individuals eligible for medical assistance benefits covered by Medicaid are commonly referred to as "Recipients" or "Beneficiaries."

4.

Providers bill for services by submitting "claims" to Medicaid. The claim must identify the date on which services were rendered, the specific services provided, identified by a Current Procedural Terminology code (CPT), and the identity of the provider rendering the services. Failure to accurately report this information in the claim can result in the denial of payment.

5.

Providers are required to maintain proper documentation for each claim submitted to Georgia Medicaid to justify receiving payment.

6.

At all times material to this indictment, SHALUNDA D. WIMES was enrolled as an individual provider in the Georgia Medicaid program.

7.

SHALUNDA D. WIMES was enrolled to provide nursing services through the Comprehensive Supports Waiver Program (COMP). COMP provides home and community-based services to individuals with intellectual disabilities, or closely related conditions, requiring a level of care typically provided in an Intermediate Care Facility. In addition to DCH, COMP is administered by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD).

8.

SHALUNDA D. WIMES billed for nursing services she purportedly rendered by submitting claims under CPT code T1002. T1002 is defined as "RN services, up to 15 minutes." Each 15-minute period is referred to as a "unit."

9.

SHALUNDA D. WIMES submission of claims seeking reimbursement for nursing services caused Georgia Medicaid, by and through its fiscal intermediaries, to make payments for these claims by electronic transmission into a bank account owned and controlled by defendant SHALUNDA D. WIMES.

FRAUDULENT SCHEME

10.

In furtherance of the scheme to defraud Medicaid and receive payments to which SHALUNDA D. WIMES was not entitled, and in amounts greater than that to which she was entitled, the accused committed the following acts:

11.

SHALUNDA D. WIMES routinely billed for skilled nursing services for hours at a time per day for the same beneficiaries despite rarely providing services for more than 30 minutes per beneficiary, per day.

12.

SHALUNDA D. WIMES failed to maintain any documentation for services as required by the Georgia Medicaid program.

13.

SHALUNDA D. WIMES submitted and caused to be submitted claims to Georgia Medicaid under CPT Code T1002 for services not rendered as billed to the program. Those claims are more particularly described in Exhibit A, with each row constituting a separate offense, and incorporated herein by reference.

14.

Between on or about January 1, 2023, and continuing through November 22, 2024, SHALUNDA D. WIMES submitted claims exceeding 20,000 units of service under CPT Code T1002 resulting in Georgia Medicaid making payments of $283,796.27, an amount greater than to which she was entitled, to her bank account. Every claim submitted to Georgia Medicaid identified SHALUNDA D. WIMES as the rendering provider for said services.

Contrary to the laws of said State, the peace, good order, and dignity thereof.

Christopher M. Carr, Attorney General
Darius Pattillo, District Attorney
Special Presentment

WITNESSES:
GMFCU Investigator Vincent Zagorin
GMFCU Investigative Auditor Rebecca Zeman

Case Number: 2026-SU-CR- 1334-HV

Defendant's Name:
SHALUNDA D. WIMES

The defendant(s) waives indictment by Grand Jury, formal arraignment, copy of the Bill of Indictment, and list of witnesses and pleads as follows:

This _____ day of _____, 2026.

_____
District Attorney

Guilty
_____ _____
Defendant

_____
Defendant's Attorney

We the Jury find the Defendant _____, this _____ day of _____, 2026.

_____
Jury Foreperson

EXHIBIT A

Count	Rendering Provider Name	Medicaid ID	Member Initials	Date of Service	Claim Submitted Date	Paid Amount
1	SHALUNDA D WIMES	xxxxxxxx0784	L.G.	1/1/2023	1/20/2023	$214.20
2	SHALUNDA D WIMES	xxxxxxxx0750	L.H.	8/29/2023	11/2/2023	$171.36
3	SHALUNDA D WIMES	xxxxxxxx1878	J.H.	8/29/2023	11/2/2023	$171.36
4	SHALUNDA D WIMES	xxxxxxxx4977	J.A.	9/1/2023	10/27/2023	$214.20
5	SHALUNDA D WIMES	xxxxxxxx0784	L.G.	9/17/2023	10/27/2023	$214.20
6	SHALUNDA D WIMES	xxxxxxxx9202	L.B.	9/26/2023	10/27/2023	$171.36
7	SHALUNDA D WIMES	xxxxxxxx5598	D.S.	9/26/2023	11/8/2023	$171.36
8	SHALUNDA D WIMES	xxxxxxxx9175	K.G.	10/7/2023	4/27/2024	$200.00
9	SHALUNDA D WIMES	xxxxxxxx1878	J.H.	10/8/2023	5/3/2024	$160.00
10	SHALUNDA D WIMES	xxxxxxxx4977	J.A.	11/1/2023	12/8/2023	$214.20
11	SHALUNDA D WIMES	xxxxxxxx6833	E.D.	11/4/2023	4/27/2024	$168.00
12	SHALUNDA D WIMES	xxxxxxxx0784	L.G.	11/5/2023	12/13/2023	$214.20
13	SHALUNDA D WIMES	xxxxxxxx9175	K.G.	11/5/2023	12/8/2023	$214.20
14	SHALUNDA D WIMES	xxxxxxxx3649	D.L.	11/8/2023	12/13/2023	$171.36
15	SHALUNDA D WIMES	xxxxxxxx5598	D.S.	11/12/2023	12/8/2023	$171.36
16	SHALUNDA D WIMES	xxxxxxxx4977	J.A.	12/1/2023	1/12/2024	$214.20
17	SHALUNDA D WIMES	xxxxxxxx0784	L.G.	12/5/2023	1/12/2024	$214.20
18	SHALUNDA D WIMES	xxxxxxxx0750	L.H.	12/6/2023	1/12/2024	$171.36
19	SHALUNDA D WIMES	xxxxxxxx5598	D.S.	12/12/2023	1/12/2024	$171.36
20	SHALUNDA D WIMES	xxxxxxxx4977	J.A.	1/1/2024	1/26/2024	$214.20
21	SHALUNDA D WIMES	xxxxxxxx0750	L.H.	1/7/2024	1/26/2024	$171.36
22	SHALUNDA D WIMES	xxxxxxxx3649	D.L.	1/10/2024	1/26/2024	$171.36
23	SHALUNDA D WIMES	xxxxxxxx5598	D.S.	1/16/2024	1/26/2024	$171.36
24	SHALUNDA D WIMES	xxxxxxxx9202	L.B.	1/26/2024	1/26/2024	$171.36
25	SHALUNDA D WIMES	xxxxxxxx3649	D.L.	3/4/2024	3/15/2024	$171.36
26	SHALUNDA D WIMES	xxxxxxxx9175	K.G.	3/5/2024	3/15/2024	$214.20
27	SHALUNDA D WIMES	xxxxxxxx0784	L.G.	3/6/2024	3/15/2024	$214.20
28	SHALUNDA D WIMES	xxxxxxxx9175	K.G.	4/7/2024	4/27/2024	$200.00
29	SHALUNDA D WIMES	xxxxxxxx0750	L.H.	5/7/2024	5/10/2024	$160.00
30	SHALUNDA D WIMES	xxxxxxxx1878	J.H.	5/9/2024	5/10/2024	$160.00
31	SHALUNDA D WIMES	xxxxxxxx1878	J.H.	6/9/2024	6/14/2024	$160.00
32	SHALUNDA D WIMES	xxxxxxxx9202	L.B.	11/3/2024	11/22/2024	$550.20
Total:						**$6,342.08**