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Whistleblowers & Research

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October 15, 2026

VIA DC GOVERNMENT PUBLIC FOIA PORTAL (FOIA-DC.GOV)

Barbara J. Bazron, Ph.D.
Director
Department of Behavioral Health
Attention: FOIA Officer
64 New York Avenue, NE, Third Floor
Washington, DC 20002

RE: Freedom of Information Act Request Related to Certification and Oversight of Community Support and Other Behavioral Health Providers

Dear Director Bazron:

INTRODUCTION

Empower Oversight is a nonpartisan, nonprofit educational organization, which is dedicated to enhancing independent oversight of government and corporate wrongdoing. The organization works to help insiders safely and legally report waste, fraud, abuse, corruption, and misconduct to the proper authorities, and seeks to hold those authorities accountable to act on such reports by, among other means, publishing information concerning the same.

BACKGROUND

The Department of Behavioral Health (DBH) is partly responsible for administering the District's Medicaid-funded behavioral health system. For a provider to bill D.C. Medicaid for Mental Health Rehabilitation Services (MHRS), including Community Support Services, Assertive Community Treatment, and Recovery Support Services, the provider must obtain and maintain a DBH certification, and DBH is responsible for setting the service definitions, unit limits, and enrollment rules under which providers bill for services. DBH meets monthly with the Department of Health Care Finance (DHCF) program integrity team. DBH is also supposed to

refer any suspected Medicaid fraud to DHCF for investigation.[1] There are significant questions over whether this core function has been properly performed.

From fiscal year 2019 to fiscal year 2024, the number of community support consumers grew by 87 percent and the average cost per consumer by 423 percent, compared with 43 and 50 percent for other behavioral health programs. The number of consumers associated with billing at unusual high volumes rose from 2,333 to 13,743. According to an analysis of federal Medicaid data by economist Stan Veuger, the District paid roughly $284 million for community support in 2024, about four times its 2019 level, and District-based providers received nearly 30 percent of all Medicaid spending nationwide under the procedure code the District uses for that service, yet the District has about 0.2 percent of the nation's population.[2] Federal taxpayers bear most of the cost of the program DBH helps administer: the federal government pays 70 percent of the District's Medicaid costs for its traditional beneficiaries and 90 percent for adults in the Affordable Care Act Medicaid expansion population.[3]

Community Support is meant to help consumers with the activities of daily living, and DBH itself describes it as a community-based service. Yet in May 2024, DBH reported audio-only phone calls accounted for 27 percent of all Community Support claims. It is hard to see how a service of that kind could be delivered so often by telephone.

At the time of the announcement of that suspicious data, DBH capped initial authorizations at 200 units per 180 days and audio-only telehealth at six units per 180 days.[4] In October 2024, following emergency rulemaking, DBH announced it further amended the program and reported that stakeholders would review the Community Support service's definition and utilization data.[5]

Billing for dead or jailed beneficiaries, impossible hours, and workers who bill through several providers can all be detected from claims data, and in FY 2025 DHCF created a new Surveillance and Utilization Review unit to audit behavioral health providers.[6] In November 2025

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[2]Stan Veuger, *Why Is DC's Medicaid Program So Expensive?*, CAPITAL COMMONSENSE (Oct. 6, 2026), https://capitalcommonsense.com/p/why-is-dcs-medicaid-program-so-expensive.

[3]42 U.S.C. § 1396d(b) (setting the District's Federal medical assistance percentage at 70 percent); *id*. § 1396d(y) (90 percent for the expansion population).

[4]Dep't of Behavioral Health, Bulletin No. 141, Community Support Service Limits (May 8, 2024), https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Bulletin%20141%20-%20Community%20Support%20Service%20Limits.pdf.

[5]Dep't of Behavioral Health, Bulletin No. 145, Community Support Redesign (Oct. 18, 2024), https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/Bulletin%20145%20-%20Community%20Support%20Redesign.pdf.

[6] *Id*. at 9.

DHCF's contractor, Comagine Health, began requiring prior authorization, and then found thousands of requests did not meet the criteria.[7]

In January 2026, the agency testified before the Council's Committee on Health that the community support program "is rife with fraudulent claiming among a significant minority of providers." [8] The agency's testimony described community support workers billing for beneficiaries who were incarcerated, hospitalized, or deceased; staff who purportedly worked every day for more than a year; workers billing through multiple providers for services never rendered; providers with no wage records in the Department of Employment Services system; illegal inducements to beneficiaries; and false documentation. DHCF reported 15 behavioral health providers on payment suspension, with FY 2024 claims exceeding $124 million.[9] The agency found credible allegations of fraud against three more providers but held their suspensions in abeyance at the request of law enforcement, and their payments continued. DHCF terminated six behavioral health provider agreements in FY 2026.

DBH told Council eight providers are on suspended payment for locally funded services; DBH decertified eleven providers since fiscal year 2024, five of which were in administrative appeal; and billing for Recovery Support Services jumped from roughly $861,000 in fiscal year 2024 to more than $19.7 million in fiscal year 2025, an increase DBH attributed to two new providers, which it later subjected to statements of deficiency and payment and referral suspensions.[10]

According to a 2024 indictment, after a District provider obtained DBH certification to run an Assertive Community Treatment program, its chief financial officer stepped consumers up into that higher-paying service on the basis of false assessments. When he left to start his own company, which was not DBH-certified, he allegedly partnered with two certified providers to keep billing, and his workers followed him.[11] A scheme in which an uncertified operator bills through certified providers is the kind of risk certification, staffing rosters, and enrollment controls exist to prevent.

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[7] *Id*. at 11–12.

[8] Testimony of Wayne Turnage, Deputy Mayor for Health & Human Services and Director, Dep't of Health Care Fin., *Fiscal Year 2025-26 Performance Oversight Hearing Before the Comm. on Health*, COUNCIL OF THE DISTRICT OF COLUMBIA (Jan. 29, 2026), https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/release_content/attachments/DHCF%202026%20Performance%20Testimony%201.29.26.pdf, at 10.

[9] *Id*. at 13–14.

[10] DBH Oversight Responses, *supra* note 1, at 43–46.

[11] Press Release, U.S. Att'y's Off. for the District of Columbia, *Six Indicted in Scheme to Defraud D.C. Medicaid Program* (Aug. 2, 2024), https://www.justice.gov/usao-dc/pr/six-indicted-scheme-defraud-dc-medicaid-program.

Subsequent prosecutions involved workers at providers authorized to deliver MHRS to youth and adolescents, including one worker who documented more than 701 hours of telehealth for six patients when the actual phone records reflected about 172 minutes of calls.[12]

DHCF and DBH told the Council that unusual consumer transfers were a sign of fraud, pointing to one core service agency that received 679 transfers in three months. In fiscal year 2025, the District began requiring both the old and new provider to sign each transfer form. Effective July 1, 2026, five months after the Director's "rife with fraudulent claiming" testimony, DBH eliminated a form that had appeared to be designed to prevent claims fraud.

DATA REQUEST

Accordingly, pursuant to the District of Columbia Freedom of Information Act, D.C. Code §§ 2-531 et seq., Empower Oversight requests electronic copies of the following records. Unless otherwise stated, this request covers the period from October 1, 2018 (the first day of fiscal year 2019), to the present.

I. RECORDS ALREADY COMPILED FOR THE COUNCIL

1. The attachments to DBH's responses to the Committee on Health's fiscal year 2025 performance oversight questions numbered 20 (investigations), 30 (Community Support, Recovery Support, and Assertive Community Treatment billing for fiscal years 2024 through 2026), and 31 (decertified providers), together with the corresponding attachments to DBH's responses for fiscal years 2019 through 2024 and any updates since.

II. CERTIFICATION, RECERTIFICATION, AND DECERTIFICATION

2. Records sufficient to show, for each provider certified by DBH to deliver Mental Health Rehabilitation Services, Assertive Community Treatment, Community Support, or Recovery Support Services, the provider's legal and trade names, National Provider Identifier, service addresses, certified service categories, and the dates of initial certification, each recertification, any statement of deficiency, any corrective action plan, any suspension of referrals or payment, and any decertification or voluntary withdrawal.

3. For each provider that DBH decertified, or that DHCF placed on payment suspension, terminated, or identified as the subject of a credible allegation of fraud: the certification and recertification applications, ownership and management disclosures, staffing rosters and qualifications submitted, site visit and survey reports, statements of deficiency, corrective action plans, and final certification determinations.

[12] Press Release, U.S. Att'y's Off. for the District of Columbia, *Behavioral Health Worker Pleads Guilty to Billing D.C. Medicaid for Therapy Sessions That Never Happened* (Aug. 27, 2026), https://www.justice.gov/usao-dc/pr/behavioral-health-worker-pleads-guilty-billing-dc-medicaid-therapy-sessions-never.

4. The certification files described in the preceding item for Prestige Healthcare Resources, Affordable Home Healthcare LLC, and Goshen Healthcare Management Services LLC, including any certification of an Assertive Community Treatment program, and any records reflecting DBH's awareness that an uncertified entity was delivering or billing services through any of them.

5. All records concerning the certification of the two providers whose billing for Recovery Support Services drove the increase from fiscal year 2024 to fiscal year 2025, including their certification applications and approvals, the utilization data that prompted DBH's review, site visit and record review reports, statements of deficiency, payment and referral suspension notices, and final dispositions.

6. All final decertification notices, notices of intended decertification, Office of Administrative Hearings or other administrative appeal decisions, and settlement agreements resolving any challenge to a decertification, suspension, or statement of deficiency, together with records sufficient to show the reason for each decertification, the dates it was initiated and completed, and the services the provider was authorized to deliver.

7. All policies, procedures, checklists, and internal controls governing certification and recertification of behavioral health providers, including any verification of ownership, management, staffing, physical location, and prior affiliation with suspended, terminated, or decertified providers.

III. UTILIZATION MONITORING AND THE DBH CLAIMS DASHBOARD

8. The DBH dashboard of paid Medicaid and local claims described in DBH's response to oversight question 26, produced as a native export with its data dictionary, together with each saved, archived, or exported version or snapshot, and records sufficient to show when the dashboard was created and who had access to it.

9. Records sufficient to show, for each fiscal year and each provider, total Medicaid and local payments, units, and unique consumers for Community Support, Assertive Community Treatment, Recovery Support Services, and Clinical Care Coordination.

10. All agendas, minutes, case summaries, action plans, and outcome records of the multidisciplinary team that DBH convenes when its dashboard identifies trends or outliers, and records sufficient to show each provider reviewed, the trigger, the dates of review, and the action taken.

11. The utilization analyses underlying DBH Bulletin 141, including the findings that 90 percent of consumers used fewer than 400 units of Community Support a year and that audio-only services accounted for 72 percent of Community Support telemedicine spending, and any provider-level breakdown of those analyses.

12. All agendas, minutes, presentations, utilization data, and recommendations of the group of providers and managed care plan representatives that reviewed the definition and utilization of Community Support described in DBH Bulletin 145, and of the "strategic enhancements to Community Support" discussions among DBH, DHCF, and the managed care plans announced in DHCF's February 1, 2024 Informational Bulletin.

13. All agendas, minutes, and materials for DBH's monthly and ad hoc meetings with DHCF's data manager and program integrity team concerning trends in service utilization and expenditures and concerns about specific providers.

IV. CONSUMER ENROLLMENT AND TRANSFERS

14. The report or analysis underlying the finding that one core service agency received 679 consumer transfers in three months, and every recurring transfer report, alert, or analysis DBH generated or received concerning transfers among behavioral health providers.

15. A de-identified, transfer-level dataset showing, for each enrollment, transfer, or disenrollment of a consumer between core service agencies or other behavioral health providers, the sending and receiving providers, the date, a stable anonymous consumer identifier, and any reason or status field DBH maintains, drawn from consumer choice forms, enrollment records, Behavioral Health Supplemental Data submissions, or other DBH systems.

16. Records sufficient to show, by provider and month, the number of consumers enrolled, transferred in, transferred out, and disenrolled.

17. All final decision memoranda, analyses, and communications concerning the decision announced in DBH Bulletin 162 to sunset the consumer choice form, including any assessment of its effect on DBH's or DHCF's ability to detect abnormal transfers, and records describing how DBH monitors transfers after July 1, 2026.

V. STAFFING AND COMMUNITY SUPPORT WORKERS

18. Records sufficient to show, for each provider of Community Support and each fiscal year, the number of community support workers and supervising clinicians reflected in staffing rosters, credentialing records, or other submissions to DBH, and the provider's staff-to-consumer ratio, with workers identified, if at all, only by stable anonymous identifiers.

19. All records reflecting DBH's monitoring of compliance with Community Support staffing ratios, supervision requirements, and worker qualification requirements, including findings of noncompliance and resulting actions.

20. Records sufficient to show the number of community support workers who were associated with more than one provider in the same period, and any analysis by DBH of workers moving between providers.

VI. SUSPENSIONS, LOCAL PAYMENTS, AND RECOVERIES

21. Records sufficient to show, for each behavioral health provider whose payments DBH suspended, the date DBH received DHCF's notice, the date DBH suspended local payments, the date and reason any suspension was lifted, and the locally funded amounts paid to the provider in the fiscal year before suspension and in any period between DHCF's suspension and DBH's.

22. Records sufficient to show, by provider and fiscal year, overpayments of locally funded behavioral health services identified, demanded, recouped, outstanding, and written off, and all final demand letters and repayment agreements.

VII. REFERRALS, SITE VISITS, AND COMPLAINTS

23. Any log or index of DBH referrals of suspected fraud, waste, or abuse to DHCF, the Medicaid Fraud Control Unit, or any other law enforcement entity, or records sufficient to show the date, recipient, provider (or a stable anonymous case identifier for matters under active investigation), allegation category, and status of each referral.

24. All final reports, findings, and corrective action records from site visits and record reviews DBH conducted alone or jointly with DHCF of providers suspected of fraud, waste, or abuse.

25. An export of complaints, grievances, and Ombudsman contacts alleging that services were billed but not received, that consumers were transferred without consent, that consumers received inducements, or that providers engaged in other billing irregularities, with complainant and consumer identities removed, showing the date received, provider, allegation category, disposition, and any referral.

26. All communications between DBH and DHCF, Comagine Health, or the Medicaid Fraud Control Unit regarding fraud, waste, abuse, or program integrity concerning Community Support, Assertive Community Treatment, or Recovery Support Services.

To facilitate a reasonable and efficient search for responsive communications, DBH may use search terms including, but not limited to: 'fraud,' 'credible allegation,' 'suspension,' 'decertif,' 'statement of deficiency,' 'corrective action,' 'community support,' 'H0036,' 'CSW,' 'ACT,' 'RSS,' 'transfer,' 'consumer choice,' 'outlier,' 'dashboard,' 'audio-only,' '200 units,' '600 units,' 'Comagine,' 'site visit,' 'referral,' 'MFCU,' 'roster,' and 'whistleblower,' as well as 'Prestige,' 'Marcaulay,' 'Affordable Home Healthcare,' and 'Goshen.' These terms are intended to guide searches and are not intended to limit the scope of otherwise responsive records.

VIII. PRIOR REQUESTS

27. All other Freedom of Information Act requests since October 1, 2018, related to fraud, certification, or decertification of behavioral health providers, and DBH's responses and productions.

DEFINITIONS

"COMMUNICATION(S)" means every manner or method of disclosure, exchange of information, statement, or discussion between or among two or more persons, including but not limited to, face-to-face and telephone conversations, correspondence, memoranda, telegrams, telexes, email messages, voice-mail messages, text messages, Slack messages, Microsoft Teams messages, meeting minutes, discussions, releases, statements, reports, publications, and any recordings or reproductions thereof.

"REFERS," "REFERRING TO," "REGARDS," "REGARDING," "RELATES," "RELATING TO," "CONCERNS," "BEARS UPON," or "PERTAINS TO" mean containing, alluding to, responding to, commenting upon, discussing, showing, disclosing, explaining, mentioning, analyzing, constituting, comprising, evidencing, setting forth, summarizing, or characterizing, either directly or indirectly, in whole or in part.

"INCLUDING" means comprising part of, but not being limited to, the whole.

"BEHAVIORAL HEALTH PROVIDER" means any provider certified by DBH or enrolled with DHCF to furnish Mental Health Rehabilitation Services, Assertive Community Treatment, Community Support Services, Recovery Support Services, or other behavioral health or substance use disorder services, including core service agencies.

"STABLE ANONYMOUS IDENTIFIER" means a unique code substituted for a consumer, worker, provider, or case that is used consistently across every record and dataset produced in response to this request, so that the same person or entity can be followed over time without revealing identity. DBH need not disclose the key linking any code to an identity.

INSTRUCTIONS

The words "and" and "or" shall be construed in the conjunctive or disjunctive, whichever is most inclusive.

The singular form shall include the plural form and vice versa.

The present tense shall include the past tense and vice versa.

In producing the records described above, please segregate them by reference to each of the numbered items of this request.

Empower Oversight seeks records, reports, and data fields DBH already maintains and does not ask DBH to create new analyses. Where an item requests "records sufficient to show" information, an export or query of existing database fields will satisfy it. Please produce databases, datasets, dashboards, and spreadsheets in native electronic format (such as CSV or XLSX) with any data dictionary, field definitions, and code tables, and for recurring reports, both the native file and any presentation or PDF version.

Empower Oversight does not seek consumer names, Social Security numbers, Medicaid identification numbers, dates of birth, addresses, diagnoses, or other individually identifiable health information, or the names of confidential complainants. DBH may redact those fields or replace them with stable anonymous identifiers, and Empower Oversight requests stable anonymous identifiers wherever a person must be followed across records.

If DBH withholds any responsive record or portion of a record on the ground that it concerns a provider or matter under active investigation, Empower Oversight requests that DBH instead produce a de-identified version or row preserving the date, record type, dollar amounts, duration, status or disposition, and other non-sensitive factual fields. Pursuant to D.C. Code § 2-534(b), please release all reasonably segregable, non-exempt portions of responsive records, including factual material within otherwise deliberative documents.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information. For any record withheld in full or in part, please provide a log identifying its date, author or sender, recipients, record type, general subject, the exemption claimed, and the basis for applying it, without disclosing any exempt content.

For ease of administration and to conserve resources, we ask that documents be produced on a rolling basis as they become available. Empower Oversight respectfully asks that DBH prioritize Items 1, 2, 9, 8, 10, 14, 21, 5, 23, and 17, in that order; Item 1 consists of records DBH has already compiled. Empower Oversight looks forward to DBH's response within 15 business days, as provided by D.C. Code § 2-532(c), and is glad to discuss the scope, format, or sequencing of production. Thank you for your time and consideration.

If you have any questions about this request, please contact Empower Oversight Senior Counsel Bobby Cheren by e-mail at bcheren@empowr.us.

Current or former employees, contractors, providers, or anyone else with information about fraud, waste, or abuse in the District's Medicaid-funded behavioral health services may also contact Empower Oversight at info@empowr.us.

FEE WAIVER REQUEST

Pursuant to D.C. Code § 2-532(b), Empower Oversight requests a waiver of all fees. Empower Oversight is a non-profit educational organization as defined under Section 501(c)(3)

of the Internal Revenue Code, which helps insiders safely and legally report waste, fraud, abuse, corruption, and misconduct to the proper authorities, and seeks to hold those authorities accountable to act on such reports by, among other means, publishing information concerning the same.

Further, furnishing the information that Empower Oversight seeks primarily benefits the general public, because it is likely to contribute significantly to the public's understanding of how the District certifies and oversees providers of Medicaid-funded behavioral health services, a program financed predominantly by federal taxpayers, and of how those controls performed in the face of widespread fraudulent billing. Empower Oversight has no commercial interest in the records. Empower Oversight is committed to government accountability, public integrity, and transparency. In the latter regard, the information that Empower Oversight receives that tends to explain the subject matter of this request will be disclosed publicly via its website, and copies will be shared with other news media for public dissemination.

Cordially,

/Tristan Leavitt/
Tristan Leavitt
President