EMPOWER OVERSIGHT
Whistleblowers & Research

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October 15, 2026

VIA DC GOVERNMENT PUBLIC FOIA PORTAL (FOIA-DC.GOV)
AND ELECTRONIC TRANSMISSION: MICHELE.KEEGAN@DC.GOV

Wayne Turnage
Deputy Mayor for Health and Human Services and Director
Department of Health Care Finance
Attention: FOIA Officer
Office of the General Counsel
441 4th Street, NW, Suite 900 South
Washington, DC 20001

RE: Freedom of Information Act Request Related to Oversight of Medicaid-Funded Community Support and Other Behavioral Health Services

Dear Director Turnage:

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 Health Care Finance (DHCF) is the District's Medicaid agency. Among the services it pays for is Community Support, one of the Mental Health Rehabilitation Services (MHRS) delivered by providers that the Department of Behavioral Health (DBH) certifies. According to DBH, Community Support helps consumers carry out the activities of daily living and work toward rehabilitation and recovery goals, and it is a non-clinical service delivered largely by unlicensed staff that is meant to supplement clinical care.

DHCF's Division of Program Integrity is responsible for detecting fraud, waste, and abuse. The agency says it reviews providers flagged by utilization reports and data mining techniques and applies rules-based algorithms to claims data to identify potential overpayments.[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. 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 that cost. 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]

In a February 1, 2024 bulletin, DHCF told providers that Community Support was the most heavily used behavioral health service in the program and accounted for the majority of all behavioral health utilization. Yet the bulletin required prior authorization only after a beneficiary exceeded 600 units, or 150 hours, in 180 days, set no annual limit, and announced only that DHCF, DBH, and the managed care plans would begin discussing "strategic enhancements to Community Support."[4]

In May 2024, DBH reported that audio-only phone calls alone accounted for 27 percent of all Community Support claims and capped initial authorizations at 200 units per 180 days.[5] Community Support is meant to help consumers with the activities of daily living. It is hard to see how a service of that kind could be delivered so often by telephone.

In August 2024, the U.S. Attorney's Office charged the former chief financial officer of a District mental health provider and five community support workers with defrauding D.C.

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[1] Dep't of Health Care Fin., Program Integrity Audits, https://dhcf.dc.gov/es/page/dhcf-program-integrity-audits (last visited Oct. 7, 2026).

[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 Health Care Fin., Informational Bulletin: Community Support (Feb. 1, 2024), https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/2024-02-01%20Information%20Bulletin%20-%20Community%20Support.pdf.

[5] 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.

Medicaid of more than $10 million through medically unnecessary and fictitious services. The scheme allegedly moved with its consumers and workers across several District providers.[6]

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.[7] In November 2025 DHCF's contractor, Comagine Health, began requiring prior authorization, and then found thousands of requests did not meet the criteria.[8]

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." [9] 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. 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.

In August 2026, a community support worker admitted documenting more than 701 hours of telehealth for six patients when phone records reflected about 172 minutes of calls. He also billed three sessions with an undercover FBI employee posing as a patient that never took place.[10]

In September 2026, a nurse pleaded guilty for her role in a $14 million scheme in which workers were trained to evade detection by billing phone calls a few minutes under the 60-minute maximum. DHCF's Division of Program Integrity referred that case.[11]

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[6] 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.

[7] *Id*. at 9.

[8] *Id*. at 11–12.

[9] 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.

[10] 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.

[11] Press Release, U.S. Att'y's Off. for the District of Columbia, *Maryland Nurse Pleads Guilty to Health Care Fraud Conspiracy for Role in $14 Million D.C. Medicaid Scheme* (Sept. 17, 2026), https://www.justice.gov/usao-dc/pr/maryland-nurse-pleads-guilty-health-care-fraud-conspiracy-role-14-million-dc-medicaid.

When DHCF finds a credible allegation of fraud, federal regulations generally require it to suspend payment and refer the matter to the District's Medicaid Fraud Control Unit, unless law enforcement asks that payments continue.[12] DHCF must also return the federal share of identified overpayments to the Centers for Medicare & Medicaid Services (CMS), whether or not it successfully recovers them from the improperly paid provider.[13]

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. EARLY WARNINGS AND MANAGEMENT KNOWLEDGE

1. The earliest extant report, dashboard, or analysis identifying provider-level outliers in Community Support billing (including billing under HCPCS code H0036), together with each subsequent monthly, quarterly, or annual version, and records sufficient to show the date each was first provided to the Director, the State Medicaid Director, the leadership of the Division of Program Integrity or Program Integrity Administration, the Director of DBH, or the Office of the Deputy Mayor for Health and Human Services.

2. All agendas, minutes, slide decks, and briefing materials for recurring meetings concerning behavioral health program integrity, including meetings between DHCF and DBH program integrity or data staff, meetings of any Surveillance and Utilization Review or payment-suspension committee, and meetings concerning the behavioral health carve-in.

3. All communications regarding the growth in Community Support Services utilization or expenditures, or regarding unit limits, telehealth limits, prior authorization, enrollment moratoria, rate changes, or the behavioral health carve-in as means of controlling fraud, waste, or abuse, sent or received by Wayne Turnage, Melisa Byrd, Kevin O'Donnell, or the leadership of the Division of Program Integrity, the Health Care Delivery Management Administration, or the Office of Rates, Reimbursements and Financial Analysis.

II. CLAIMS CONTROLS, DATA MINING, AND PROVIDER RISK

4. Records sufficient to identify each claims edit, algorithm, rule, query, risk score, or analytic model used since October 1, 2018, to detect fraud, waste, abuse, or overpayments in behavioral health services, including its name, purpose, implementation date, modification and retirement dates, and status.

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[12] 42 C.F.R. § 455.23(a), (d)–(f).

[13] 42 U.S.C. § 1396b(d)(2)(C)–(D); 42 C.F.R. pt. 433, subpt. F.

5. All recurring utilization, anomaly, exception, outlier, risk-scoring, algorithm-hit, provider-ranking, and provider-scorecard reports generated by the Division of Program Integrity or its Surveillance and Utilization Review staff concerning behavioral health services.

III. OVERPAYMENTS

6. Records sufficient to show, for each behavioral health provider and fiscal year, overpayments identified, the date each was established, amounts demanded, appealed, settled, recouped, offset, outstanding, and written off, the collection method, the federal share returned to CMS, and current status.

IV. FINAL DISPOSITIONS

7. All final audit reports, final provider review letters, final corrective action plans, and final closing memoranda, closure codes, or disposition records for behavioral health program integrity reviews, including decisions to decline enforcement, close a review, lift a suspension, or take no action, and records sufficient to show the number of such dispositions by fiscal year and reason.

V. PRIOR REQUESTS

8. All other Freedom of Information Act requests since October 1, 2018, related to fraud in Medicaid-funded behavioral health or home care services, and DHCF'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 reimbursed by D.C. Medicaid.

"COMMUNITY SUPPORT SERVICES" means community support services billed to D.C. Medicaid under HCPCS code H0036 or any other code or modifier used for that service.

"STABLE ANONYMOUS IDENTIFIER" means a unique code substituted for a beneficiary, 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. DHCF 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 DHCF already maintains and does not ask DHCF to create new analyses. Where an item requests "records sufficient to show" information, an export or query of existing database fields will satisfy it, and Empower Oversight welcomes the production of an existing report in lieu of a new extract where the existing report contains the requested fields.

Please produce databases, datasets, and spreadsheets in native electronic format (such as CSV or XLSX) together with any data dictionary, field definitions, and code tables, rather than as images or PDF files. For recurring reports and dashboards, please produce both the native spreadsheet or export and any presentation or PDF version.

Empower Oversight does not seek beneficiary names, Social Security numbers, Medicaid identification numbers, dates of birth, addresses, diagnoses, or other individually identifiable health information, or the names of confidential complainants. DHCF may redact those fields or replace them with stable anonymous identifiers. Where longitudinal analysis requires that a beneficiary or worker be followed across records, Empower Oversight requests a stable anonymous identifier rather than redaction.

If DHCF 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 DHCF 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 DHCF prioritize Items 6, 22, 20, 1, 2, 11, 12, 15, 17, 24, 31, and 7, in that order. Empower Oversight looks forward to DHCF'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 to ease DHCF's burden. Thank you for your time and consideration.

If you have any questions about this request, please contact Empower Oversight Attorney 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 potential fraud in Medicaid-funded behavioral health services in the District of Columbia, a program financed predominantly by federal taxpayers, and of how District agencies detected and responded to it. 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