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October 15, 2026

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

Matthew Wilcoxson
Interim Inspector General
Office of the Inspector General
Attention: FOIA Officer
100 M Street, S.E., Suite 1000
Washington, DC 20003

RE: Freedom of Information Act Request Related to the Medicaid Fraud Control Unit's Handling of Behavioral Health Fraud

Dear Interim Inspector General Wilcoxson:

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.

In January 2026, DHCF's Director told the District's Council that its Community Support Program "is rife with fraudulent claiming among a significant minority of providers."[1] He described community support workers billing for beneficiaries who were incarcerated, hospitalized, or deceased; billing impossible days; and billing through multiple providers for services never rendered. DHCF reported 15 behavioral health providers on payment suspension, with fiscal year 2024 claims exceeding $124 million. It 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.

Indeed, 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. While the District has about 0.2 percent of the nation's population, District-based providers received nearly 30 percent of all Medicaid spending nationwide under the procedure code the District uses for that service.[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]

The District's Medicaid Fraud Control Unit (MFCU), housed within the Office of the Inspector General (DCOIG), is the District's primary authority for investigating and prosecuting provider fraud in the Medicaid program. Federal funds paid for 75 percent of its fiscal year 2025 budget. When DHCF finds a credible allegation of fraud, it must generally refer the matter to the MFCU and suspend payment, unless law enforcement asks that payments continue.[4]

While DHCF as the Medicaid administrator can crack down on payments under this specific program using the methods that have been identified, the fraud is perpetrated by people. Those people have shown a predilection and ability to commit significant Medicaid fraud at taxpayer expense. If they are not found and punished expeditiously, they will surely turn to new schemes in other programs and more improper payments will flow out the door. The people behind this fraud must be found and stopped, not permitted to continue their unlawful ways for years.

Federal prosecutors have already brought a series of cases investigated with the MFCU. In August 2024, the former chief financial officer of a District mental health provider and five community support workers were charged with defrauding D.C. Medicaid of more than $10

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[1] 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.

[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] 42 C.F.R. § 455.23(a), (d)–(f).

million. The scheme allegedly moved with its consumers and workers across several District providers.[5] 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, and billing three sessions with an undercover FBI employee that never took place.[6]

These prosecutions your agency helped with are a good start. But this program was "rife" with fraud, huge sums remain to be recovered for the District and the federal government, and the perpetrators must be found and brought to justice sooner than later.

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. REFERRALS AND CASELOAD

1. Any log, index, or case management export of referrals and complaints received by the MFCU concerning Mental Health Rehabilitation Services, Community Support Services, Assertive Community Treatment, Recovery Support Services, or other behavioral health services, showing for each the date received, referring entity or source category (such as DHCF, DBH, a managed care organization, a provider, a beneficiary, or the public), provider (or, for open matters, a stable anonymous case identifier), allegation category, whether a case was opened, case-open and closure dates, disposition, and any referral to another agency. Confidential source and beneficiary information may be redacted.

2. Records sufficient to show, by fiscal year, the number of fraud referrals the MFCU received from each managed care organization, broken out by service category where maintained, and the number received from DHCF and from DBH.

3. Records sufficient to show, by fiscal year, the number of behavioral health matters opened, closed, declined, referred to the U.S. Attorney's Office or another prosecuting authority, charged, and resulting in conviction, civil settlement, or judgment.

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[5] 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.

[6] 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.

II. OUTCOMES AND RECOVERIES

4. Records sufficient to show, by fiscal year, restitution ordered, restitution collected, forfeitures, civil settlements, and judgments attributable to behavioral health matters, and the amount of each returned to DHCF or the federal government.

5. Final closing memoranda, closure codes, or disposition records for closed behavioral health matters, and records sufficient to show the number of closed behavioral health matters by fiscal year and closure reason. This item excludes any matter whose disclosure would interfere with a pending enforcement proceeding.

III. PROGRAM RECOMMENDATIONS

6. All communications, memoranda, or formal recommendations from the MFCU to DHCF, DBH, the Executive Office of the Mayor, or the Council proposing claims edits, payment controls, enrollment or certification controls, prior authorization changes, regulatory changes, or other programmatic fixes arising from behavioral health investigations, and any responses.

7. Records reflecting the MFCU's anti-fraud training and outreach to behavioral health providers and community support workers, including presentation materials.

IV. FEDERAL OVERSIGHT AND REPORTING

8. The MFCU's Annual Statistical Reports submitted to the Health and Human Services Office of Inspector General (HHS-OIG), its annual recertification and grant applications, and its performance measures and supporting aggregate statistics, to the extent they concern provider fraud generally or behavioral health matters specifically.

9. All policies and procedures adopted to implement the recommendations in HHS-OIG report OEI-06-22-00420, and all documents provided to HHS-OIG to demonstrate their implementation, including documents concerning increased managed care organization referrals.

10. All communications with HHS-OIG concerning its 2026 review of the MFCU in advance of recertification, and any resulting draft or final findings.

V. PRIOR REQUESTS

11. All other Freedom of Information Act requests since October 1, 2018, related to Medicaid fraud in behavioral health or home care services, and DCOIG'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 the Department of Behavioral Health (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.

"STABLE ANONYMOUS IDENTIFIER" means a unique code substituted for a provider, person, or case that is used consistently across every record produced in response to this request. DCOIG 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 and data fields DCOIG already maintains and does not ask DCOIG to create new analyses. Please produce logs, datasets, and spreadsheets in native electronic format (such as CSV or XLSX) with any data dictionary or code table.

Empower Oversight does not seek the identities of confidential sources, complainants, or beneficiaries, or individually identifiable health information. If DCOIG withholds any record on the ground that it concerns a matter under active investigation, Empower Oversight requests 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.

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, beginning with Items 1, 4, and 8. Empower Oversight looks forward to DCOIG's response within 15 business days, as provided by D.C. Code § 2-532(c), and is glad to discuss scope or sequencing. 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 how the District investigates and prosecutes fraud in Medicaid-funded behavioral health services, a program financed predominantly by federal taxpayers, through a unit that is itself predominantly federally funded. 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