# IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT IN AND FOR MONROE COUNTY, FLORIDA

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STATE OF FLORIDA	)
	)
COUNTY OF MONROE	)

## AFFIDAVIT IN SUPPORT OF ARREST WARRANT

BEFORE ME, Judge of the 16<sup>th</sup> Circuit Court, in and for Monroe County, Florida, personally appeared Investigator Julie McNichol, Law Enforcement Investigator II, of the Florida Office of the Attorney General's Medicaid Fraud Control Unit, who being first duly sworn, deposes and says that she has probable cause to believe that certain laws of the State of Florida have been violated, in particular: Medicaid Fraud, \$10,000 or less, Florida Statute 409.920(2)(a)1 and (2)(b)1a, by Wendy Lynn Borden in Monroe County for the Judicial Circuit of the Sixteenth.

<b>DEFENDANT'S IDENTIFICATION</b>	MONR	2020
Wendy Lynn Borden: W/F; HGT 5'8"; D.O.B.: 04/10/1973; FL/DL:		A E
SSN: L.K.A. Vero Beach, Florida 3296	56 OUR C	FOR RE
AFFIANT'S TRAINING & EXPERIENCE	List.	ECORD <b>10: 32</b>

You Affiant, Julie McNichol, is a Law Enforcement Investigator II with the Medicaid Fraud Control Unit (MFCU), Office of the Attorney General, State of Florida. She has been employed by MFCU since July 25, 2009. Prior to being employed by the MFCU, Affiant was a Police Officer with the New York City Police Department, from where she retired. During Affiant's career with the New York City Police Department, she was assigned to Precinct Patrol, Major League Counterfeiting, Community Police, School Resource Officer, Peddler Enforcement, and Detective

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Bronx Robbery Unit. Affiant was also employed as a Probation Officer with the New York City Department of Probation and Allstate Insurance Special Investigative Unit. Affiant has conducted and/or participated in many types of criminal investigations, including robberies, burglaries, batteries, thefts, sexual crimes and frauds.

#### **DEFINITIONS**

<u>AHCA</u> - The Agency for Health Care Administration (AHCA) is the State of Florida Agency that oversees the Medicaid program in providing medical services for indigent residents of Florida.

**FMMIS** - Acronym for the *Florida Medicaid Management Information System*. FMMIS is a databank managed by AHCA/HP for obtaining provider information, claims information, recipient information, and other data points that may be pertinent to an investigation.

<u>DSS</u> – Acronym for Decision Support System. DSS is an interactive software-based system intended to help decision makers compile useful information from a combination of raw data, documents, and personal knowledge from FMMIS to formulate information that is then used as an investigative tool.

Medicaid – A Federal and State government program that pays for medical care for people who meet specific technical, medical, and asset criteria. The Federal government sets guidelines for services and pays part of the cost. The Medicaid program is authorized by Title XIX of the Social Security Act. In Florida, the Medicaid program is authorized by Chapter 409, Florida State Statutes and Chapter 59G, Florida Administrative Code.

Medicaid Fraud Control Unit (MFCU) – A unit that exists to investigate allegations of Medicaid Fraud reported in the State of Florida. The MFCU is under the authority and supervision of the Office of the Attorney General.

<u>Behavior Analyst (BA) Services</u> – Services identified on the recipient's behavior plan in order to reduce maladaptive behaviors and to restore the recipient to his or her best possible functional level.

#### **DETAILS OF INVESTIGATION**

County, Florida. Your Affiant's investigation determined that billed the state Medicaid program for Behavior Analyst (BA) services not rendered as billed. As part of the investigation, Affiant identified four Medicaid recipients as being serviced by the same BA, Pinnacle employee Wendy Lynn Borden (Borden). Recipient patient files and progress notes were obtained and compared to DSS downloads and Medicaid billing information and recipient interviews were conducted.

A complete review of all progress notes written and submitted by Borden revealed that she "copied and pasted" many of the same narratives for the same four Medicaid recipients.

All four Medicaid recipients denied receiving BA services Borden claimed to have provided. All four Medicaid recipients were shown documents from their files which purported to bear their signatures or initials. Two denied ever receiving sign-in-logs, which they denied having signed. All four recipients can positively identify Borden.

Affiant obtained an incriminating sworn written statement from Borden, who implicated herself in the fraudulent billing of Medicaid for BA services not rendered to all four recipients. Borden admitted that she did not provide the services as billed to the four recipients and she admitted to creating false therapy notes.

Based on the testimony of the witnesses, the statement from Borden, a review of DSS downloads, patient files, progress notes and bank records, it was determined that between January 17, 2019 and continuing through, and including February 27, 2019, Defendant Wendy Lynn Borden fraudulently caused the Medicaid program to pay approximately \$6,598.92 for BA services not provided, by falsifying reports submitted for billing to \_\_\_\_\_\_\_\_\_ on behalf of Medicaid recipients. Specifically, Borden fraudulently reported to \_\_\_\_\_\_\_\_ that she provided BA services 433 times which was paid at a rate of \$15.24 per unit of service. Funds from the Medicaid program were

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disbursed through an AHCA agent out of Tallahassee, Leon County, Florida to in Monroe County, Florida, where Borden was paid.

#### **Defendant Wendy Lynn Borden:**

### Medicaid Fraud, \$10,000 or less, 3rd Degree, 1 (one) count:

Based upon the evidence resulting from this investigation, the Affiant states that there is probable cause to believe that beginning on or about January 17, 2019 and continuing through and including February 27, 2019, in the Sixteenth Judicial Circuit of Florida, to-wit: Monroe County, Defendant Wendy Lynn Borden did knowingly make, cause to be made or aid and abet in the making of any false statement or false representation of a material fact, by commission or omission, in any claim submitted to the Agency for Health Care Administration or it fiscal agent or a managed care plan for payment and received or endeavored to receive anything of value of \$10,000 or less, in violation of Florida Statute 409.920(2)(a)1 and (2)(b)1a.

Law Enforcement Investigator- II

SWORN and SUBSCRIBED before me on this 24 day of August

JOHN KOUTSOUPIS Notary Public - State of Florida Commission # GG 261953 Bonded through National Notary Assn.

Circuit Court Judge, 16th Judicial Circuit Court

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