



Report Highlights

Louisiana Department of Health – Behavioral Health Provider – Destined For A Change, Inc.

DARYL G. PURPERA,
CPA, CFE

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Why We Conducted This Audit

Past LLA reports on behavioral health services identified various issues with the Medicaid Behavioral Health Program. During the course of these audits, we developed analyses of behavioral health provider Medicaid claims and encounters. These analyses identified “red flags” associated with the billing practices of behavioral health providers which were then used to create a risk-matrix. This risk-matrix identified Destined For A Change, Inc. (DFAC) as having “red flags.” As a result, we initiated this investigative audit to evaluate DFAC’s compliance with certain provisions of the Medicaid program.

What We Found

Medicaid Services Apparently Not Provided

Based on our review, DFAC billed the Louisiana Medicaid Program (Medicaid) and was paid \$71,112 for services that DFAC does not appear to have provided, in whole or in part, from January 2016 through August 2019. By billing Medicaid for services that were not provided, DFAC may have violated federal and state law, and its provider agreements with the Louisiana Department of Health (LDH), as well as the Managed Care Organizations (MCO) that operate the Medicaid program on LDH’s behalf.

Provider Improperly Billed for Medicaid Services

Based on our review of DFAC records and client interviews, DFAC appears to have improperly billed Medicaid for \$26,163 in services from January 2016 through August 2019. According to the clients we spoke with, DFAC provided services to all children in the household at the same time. However, Medicaid records show that DFAC billed for each child separately, which costs five times more than group services. As such, it appears that DFAC either improperly billed group services as individual services, or billed for multiple individual services at the same time. By improperly billing Medicaid, DFAC may have violated federal and state law, and its provider agreements with LDH and the MCOs that operate the Medicaid program on behalf of LDH.

No Documentation of Services Provided

We reviewed DFAC client files for 13 clients from January 2016 to August 2019, and found that there was no documentation to support a majority (52%) of the services billed to the Medicaid program. To be eligible for reimbursement for behavioral health services, Medicaid requires providers to complete service/progress notes documenting the services performed. By billing Medicaid for services that were not documented, DFAC may have been paid for ineligible services and may have violated its Medicaid provider agreements.

View the full report, including management’s response, at www.la.gov.