**Department of Justice**
U.S. Attorney's Office
District of Maryland

FOR IMMEDIATE RELEASE
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# Owners and Former Employee of Heath Care company Facing Federal Charges for Allegedly Paying Kickbacks to Homeless Patients and Fraudulently Billing Medicaid

### Allegedly Recruited and Paid Homeless Individuals in Washington, D.C. to Attend Appointments in Order to Bill Medicaid for Mental Health Services Not Provided to Patients

***Baltimore***, Maryland – A federal criminal complaint has been filed charging Julius Bakari and his wife Mboutchock Kabiwa a/k/a Eugenie Bakari, both age 43, of Silver Spring, Maryland, with health care kickbacks and conspiracy to receive unlawful kickbacks, in connection with their company Holy Health Care Services, LLC ("Holy Health"). Dominic Forka, age 56, of Lanham, Maryland, a Community Support Worker (CSW) employed by Holy Health, is charged with health care kickbacks, conspiracy to receive unlawful kickbacks, and health care fraud.

The criminal complaint was announced by Acting United States Attorney for the District of Maryland Jonathan F. Lenzner; Special Agent in Charge James A. Dawson of the Federal Bureau of Investigation (FBI), Washington Field Office's Criminal Division; Special Agent in Charge Maureen Dixon, Office of Investigations, Office of Inspector General of the Department of Health and Human Services (HHS OIG); and Inspector General Daniel W. Lucas, District of Columbia, Office of the Inspector General (OIG).

According to the affidavit filed in support of the criminal complaint, Bakari owns and operates Holy Health and is the company's Chief Executive Officer and President. Kabiwa is the Vice President of Holy Health. Dominic Forka was a Community Support Worker ("CSW") for Holy Health. Holy Health entered into Medicaid Provider Agreements with the District of Columbia's Department of Health Care Finance ("DHCF"), which permit Holy Health to provide healthcare services to D.C. Medicaid recipients. Holy Health is also certified by the District of Columbia's Department of Behavioral Health ("DBH") to perform mental health services. After services are performed, Holy Health documents notes for these services utilizing an electronic health record ("EHR") system for DBH providers. Holy Health then submits batches of notes in invoices for those services to DHCF, which processes the invoices and pays Holy Health. Holy Health was authorized to provide services from two separate locations in Washington, D.C. (Premises 1 and Premises 2).

The affidavit alleges that beginning in at least April 2017, Holy Health paid homeless people to physically go to Premises 1 and sign in as patients, then fraudulently billed the Medicaid plans of those homeless individuals for mental health treatment services that Holy Health did not provide. According to witnesses, Holy Health allegedly operated a van service to transport the homeless individuals from a park near the Government Printing Office in Washington, D.C. to Premises 1. According to witnesses, after signing in, on some occasions, the witnesses saw a doctor who asked general questions about the witness's health. On other occasions, the witnesses did not meet with a doctor or any other healthcare provider, and instead received payment for signing in on a Holy Health sign-in sheet. Patients allegedly received $25 for attending three appointments during each week. Specifically, they received $10 for each of the first two days and $5 for the third day. The affidavit alleges that Holy Health did not provide mental health services to the homeless individuals and continued to bill Medicaid for mental health services even after the individuals stopped attending appointments.

As detailed in the affidavit, from March 2019 to November 2019, two confidential sources conducted undercover, recorded appointments inside Holy Health at Premises 1. The affidavit alleges that Confidential

Source 1 ("CS1") attended nine appointments at Premises 1 as part of the investigation and each time, Holy Health billed CS1's Medicaid Plan for unrendered services. In addition, Holy Health allegedly used CS1's personal identifying information ("PII") to bill Medicaid for an additional 25 appointments that CS1 never attended. Between September 19 and November 22, 2019, CS2 allegedly conducted 11 appointments at Premises 1 and on several occasions saw an individual who informed CS2 that he was CS2's caseworker. According to the affidavit, after each of CS2's visits, Holy Health billed CS2's Medicaid plan for unrendered services. As was allegedly the case with CS1, Holy Health billed CS2's Medicaid plan for approximately 60-minute treatment sessions, when the video and audio recordings show that the sessions in fact lasted only minutes. According to the affidavit, Holy Health has used CS2's PII to bill Medicaid for an additional 32 appointments that CS2 never attended. According to the affidavit, the electronic health records show that Forka accessed Holy Health's EHR system to input the 32 appointments that CS2 never attended, all for services purportedly rendered by Forka. As detailed in the affidavit, Holy Health also issued two prescriptions to CS2 that were filled at a pharmacy in Hyattsville, Maryland. CS2 did not request or fill the prescriptions.

Finally, the affidavit alleges that Bakari and Kabiwa utilized funds from a non-profit organization to provide kickback payments to patients, which Bakari and Kabiwa referred to as "stipends." As detailed in the affidavit, Kabiwa founded and ran the Agatha Foundation, a non-profit organization, which listed Bakari as Vice President. According to its website, Agatha is "a non-profit organization based in Washington, D.C., Maryland, and Africa that provides various key activities in the U.S. … in order to bring positive changes to the lives of at-risk groups in Washington, D.C., Maryland, and in Africa." Agatha is headquartered in Silver Spring, Maryland and operates at Premises 1. Kabiwa allegedly transferred money from Agatha's bank account to Holy Health employees to provide kickback payments to Holy Health patients.

If convicted, the defendants each face a maximum sentence of five years in federal prison for conspiracy to receive unlawful kickbacks, and a maximum sentence of 10 years in federal prison for health care kickbacks. Forka also faces a maximum sentence of 10 years in federal prison for health care fraud. Actual sentences for federal crimes are typically less than the maximum penalties. A federal district court judge will determine any sentence after taking into account the U.S. Sentencing Guidelines and other statutory factors. The defendants had an initial appearance before U.S. Magistrate Judge Gina L. Simms in U.S. District Court in Greenbelt today. The defendants were released pending trial.

A criminal complaint is not a finding of guilt. An individual charged by criminal complaint is presumed innocent unless and until proven guilty at some later criminal proceedings.

Acting United States Attorney Jonathan F. Lenzner commended the FBI, the HHS OIG, and the District of Columbia OIG's Medicaid Fraud Control Unit for their work in the investigation. Mr. Lenzner thanked Assistant U.S. Attorneys Catherine K. Dick and Erin B. Pulice, who are prosecuting the case.

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**Topic(s):**
Health Care Fraud
**Component(s):**
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