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OFFICE OF  
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*— Stronger, Safer Florida —*

## Attorney General Ashley Moody News Release

### MFCU Busts Behavior Analyst Stealing More Than \$6,500 From Medicaid



TALLAHASSEE, Fla.—Attorney General Ashley Moody’s Medicaid Fraud Control Unit, with the assistance of the Polk County Sheriff’s Office, today arrested a behavior analyst for defrauding the Medicaid program out of more than \$6,500. Wendy Lynn Borden is employed by a Medicaid provider in Monroe County and provides behavior analyst services to Medicaid recipients. Borden is accused of falsifying progress notes and sign-in logs in order to be paid for services not rendered.

Attorney General Ashley Moody said, “Medicaid recipients depend on the care and services provided by behavior analysts. This medical professional falsified documents, deprived recipients of necessary care—and ripped off taxpayer dollars in the process. I’m grateful to my Medicaid Fraud Control Unit for investigating this fraudulent activity and stopping this scheme.”

According to the investigation, between Jan. 17, 2019 through Feb. 27, 2019, Borden copied and pasted the same progress notes for four separate Medicaid recipients for services not rendered. Borden also forged recipients’ signatures on sign-in logs to falsely confirm services the recipients never received. Borden’s falsified notes and sign-in logs caused the Medicaid program to pay more than \$6,500 for behavior analyst services not provided.

To view the redacted PCA, click [here](#).

Borden is charged with one count of Medicaid fraud, a third-degree felony. If convicted, Borden

faces up to five years in prison. The State Attorney's Office for the 16th Judicial Circuit will prosecute the case.

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*The Florida Attorney General's Medicaid Fraud Control Unit investigates and prosecutes providers that intentionally defraud the state's Medicaid program through fraudulent billing practices. Medicaid fraud essentially steals from Florida's taxpayers. From January 2019 to the present, Attorney General Moody's MFCU has obtained more than \$54 million in settlements and judgments. Additionally, the MFCU investigates allegations of patient abuse, neglect and exploitation in facilities receiving payments under the Medicaid program.*