

STATE OF LOUISIANA

: 19TH JUDICIAL DISTRICT COURT

VERSUS

: PARISH OF EAST BATON ROUGE

Joneisha Dunn

: STATE OF LOUISIANA

[REDACTED]

AFFIDAVIT

BEFORE ME, the undersigned Authority of the 19th Judicial District Court, Parish of East Baton Rouge, State of Louisiana, Special Agent Madelynn Varnado Ziebarth, with the Louisiana Department of Justice, Criminal Division, Medicaid Fraud Control Unit, Baton Rouge, Louisiana, who, upon being duly sworn by me, deposes and says that Joneisha Dunn [REDACTED]
[REDACTED], did violate:

1 Count(s) of 14:70.1-- MEDICAID FRAUD-- (Felony)

Between the approximate dates of 07-03-2024, through and including 11-03-2024, by intentionally defrauding the Louisiana Medicaid Program by causing the presentation, for payment, false or fraudulent claims for providing medical services or knowingly and intentionally submitted false information in order to obtain greater compensation than that which was legally authorized for furnishing service.

OVERVIEW OF THE LOUISIANA MEDICAID PROGRAM

A brief explanation of how the Medicaid Program operates is helpful in understanding the fraud perpetrated by Joneisha Dunn against the State of Louisiana. The Louisiana Department of Health (hereinafter "LDH") is statutorily authorized to enter into contracts with entities providing medical or medically related services to Louisiana Medicaid recipients. Entities that contract with LDH to provide services to Medicaid recipients are referred to as providers. In order for a provider to be paid for the services rendered to Medicaid recipients, they must submit claims for payment to GAINWELL Technologies (formerly known as DXC Technology) (hereinafter

“GAINWELL”), the fiscal intermediary for the State of Louisiana’s Medicaid Program. GAINWELL receives and processes all Medicaid claims at its office located in East Baton Rouge Parish, and subsequently remits payments to the providers.

Home and Community Based Services (hereinafter “HCBS”) licenses are granted by LDH to providers that render home and community based services to Louisiana Medicaid recipients. HCBS services are designed to assist individuals with functional impairments with their daily living activities. HCBS services must be rendered by an employee of the HCBS provider, who has been trained as a Direct Service Worker (hereinafter “DSW”). DSWs are trained on, and required to, fill out true and accurate service logs, which must clearly reflect the services provided and billed. Based upon the service logs filled out by the DSW, HCBS providers thereafter submit claims to GAINWELL that are subsequently processed and paid.

Additionally, in the fall of 2016, LDH made available an Electronic Visit Verification (EVV) system for providers to train their DSW and start utilizing it for in home services verification in conjunction with the existing prior authorization data contract with Statistical Resources, Inc. (SRI). Through either a smart phone or electronic tablet, the EVV system utilizes GPS to pin point when a caregiver arrives at and leaves a specific location, such as the client’s home. The EVV system also details the name of the individual providing the service, type of service and individual receiving the service.

MEDICAID FRAUD SCHEME AND COUNTS

On March 12, 2025, the Medicaid Fraud Control Unit opened an investigation on A First Name Basis (AFNB) based on allegations that recipient M.H. is not receiving personal care services and is left alone in her home for hours.

Affiant conducted a telephonic interview with Paige Bowlin, case manager for AFNB and initial complainant in the case. Bowlin informed Affiant that the Direct Service Worker (DSW) for M.H. was Joneisha Dunn [REDACTED] Bowlin stated that the home health nurse for M.H. found that M.H. had been left alone during the time Dunn was supposed to be providing services according to the plan of care.

Dunn was listed as the DSW for M.H. from September 23, 2024, through November 13, 2024, according to Louisiana Services Recording System (hereinafter LaSRS). Additionally, Dunn was listed as the DSW for P.P. on July 3, 2024. Through investigative means, Affiant discovered Dunn had additional employment with Jack-in-the-Box during the same period as her employment with AFNB.

Affiant obtained the recipient files for M.H. and P.P., which included plans of care, progress notes, hospital stays, and the employee file for Dunn. Affiant also obtained the timesheets and payroll records from Jack-in-the-Box.

Affiant conducted a telephonic interview with Dunn who stated she worked for AFNB in 2024. Dunn stated she provided services to multiple different Medicaid recipients but could only recall M.H. Dunn also admitted to having employment at Jack-in-the-Box at the same time, but stated she only worked at Jack-in-the-Box after she finished her DSW shifts. Dunn stated she quit working for AFNB after she received a promotion from Jack-in-the-Box.

Affiant conducted an interview with Tina Smith, AFNB billing department supervisor, who reported Dunn was M.H.'s DSW and was terminated after it was found she was not providing services to M.H. The DSW would use Axis Care to document the progress notes for the recipients. Axis Care would use the clock-in data from LaSRS to document the times of service for the DSW and is time-stamped once filled out and signed digitally.

An analysis of the time sheets and employee records obtained from AFNB and Jack-in-the-Box revealed that Dunn had an overlapping date and times of providing DSW services to P.P. on July 3, 2024. Those same time sheets and employee records revealed that Dunn had multiple overlapping dates and times of providing DSW services to M.H. from October 13, 2024, through November 3, 2024. The record review revealed that for these numerous overlapping and conflicting time and date entries, Dunn submitted the required documentation to AFNB to bill Medicaid for services rendered to P.P. and M.H. on dates and times when she was actually working at Jack-in-the-Box. Because Dunn fraudulently submitted false progress notes and timesheets for services that she did not actually render, Dunn directly caused AFNB to present fraudulent claims to Medicaid in the amount of \$527.27.

Louisiana Revised Statute 14:70.1 Medicaid Fraud is defined as the act of any person who, with intent to defraud the state or any person or entity through any medical assistance program created under the federal Social Security Act and administered by the Louisiana Department of Health or any other state agency, does any of the following: presents for allowance or payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining greater compensation than that to which he is legally entitled for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining authorization for furnishing services or merchandise.

Probable cause has been shown that on 07-03-2024, through and including 11-03-2024, Joneisha Dunn committed Medicaid fraud.

THEREFORE, for the above stated reasons, Affiant prays for the issuance of a Warrant of Arrest for Joneisha Dunn.

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Special Agent Madelynn Varnado Ziebarth
Affiant

THUS DONE AND PASSED on the 18 day of June, 2026.

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Jermaine Guillory
State of Louisiana

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[REDACTED]

WARRANT OF ARREST

TO ANY LAW ENFORCEMENT OFFICER

Affidavit having been made by Special Agent Madelynn Varnado Ziebarth, with the Louisiana Department of Justice, Criminal Division, Medicaid Fraud Control Unit, that between 07-03-2024, through and including 11-03-2024, in the Parish of East Baton Rouge, State of Louisiana, the offender, Joneisha Dunn, [REDACTED]

[REDACTED] did commit the crime(s) of:

1 Count(s) of 14:70.1-- MEDICAID FRAUD-- (Felony)

You are, therefore, commanded forthwith to arrest the said offender and take him/her forthwith to be booked and charged in accordance with the law.

Given under my official signature, this 18 day of June, 2026.

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Jermaine Guillory
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