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Lisa Kallio
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Lewis & Clark County District Court
STATE OF MONTANA
By: Brittney Wilburn
DC-25-2026-0000231-IN
Abbott, Christopher David
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COUNSEL FOR THE STATE

MONTANA FIRST JUDICIAL DISTRICT COURT
LEWIS AND CLARK COUNTY

STATE OF MONTANA, Plaintiff, v. VICTORIA JEAN DAVENPORT, Defendant.	Cause No. DDC-25-2026-0000231-IN **INFORMATION** **Presiding Judge: Hon. Chris Abbott**

Alexandra van Belle, Assistant Attorney General, as attorney for the State of Montana, having first obtained leave of the Court as required by law, files this Information accusing the Defendant, Victoria Jean Davenport, of having committed the felony offenses of:

Count I: **MEDICAID FRAUD**, by common scheme, a felony in violation of Mont. Code Ann. §§ 45-6-313(1)(a) and 45-2-101(8).

From on or about January 1, 2021, to September 22, 2025, in Lewis and Clark County, State of Montana, the Defendant, Victoria Jean Davenport, as part of a common scheme, obtained Medicaid payments or benefits for herself or others by purposely or knowingly making, submitting, or authorizing the making or submitting of false or misleading Medicaid claims, statements, representations,

applications, or documents to a Medicaid agency for services or item that she was not entitled to under applicable statutes or rules adopted under Title 2, chapter 4.

More specifically, the Defendant submitted inaccurate and false claims to the Montana Medicaid Program for therapy and counseling related services. The Defendant's Medicaid billing contained claims for services provided by licensure candidates who were not licensed and who were unable to bill Medicaid independently. Instead, the Defendant submitted claims for the services provided by licensure candidates as if the Defendant had been the provider and received payment for those services.

The Defendant engaged in a series of acts or omissions motivated by a purpose to accomplish a single criminal objective or by a common purpose or plan that resulted in the repeated commission of the same offense (Medicaid Fraud) or that affected the same person or the same persons (the Defendant and the Defendant's Medicaid patients) or the property of the same person or persons (Medicaid monies/payments.) Mont. Code Ann. § 45-2-101(8).

The payments, benefits, or claims for this offense exceed $1,500 in value.

Maximum Penalty for Medicaid Fraud

The maximum punishment provided by law for Medicaid Fraud, common scheme, a felony, committed in violation of Mont. Code Ann. § 45-6-313(1)(a) is:

> A person convicted of the offense of Medicaid fraud involving payments, benefits, or claims exceeding $1,500 in value shall be fined an amount not to exceed the greater of $50,000 or 10 times the value of the payments obtained or be imprisoned in the state prison for a term not to exceed 10 years, or both.

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Count II: **MEDICAID FRAUD**, by common scheme, a felony in violation of Mont. Code Ann. §§ 45-6-313(1)(a) and 45-2-101(8).

From on or about January 1, 2021, to September 22, 2025, in Lewis and Clark County, State of Montana, the Defendant, Victoria Jean Davenport, as part of a common scheme, obtained Medicaid payments or benefits for herself or others by purposely or knowingly making, submitting, or authorizing the making or submitting of false or misleading Medicaid claims, statements, representations, applications, or documents to a Medicaid agency for services or item that she was not entitled to under applicable statutes or rules adopted under Title 2, chapter 4.

More specifically, the Defendant submitted inaccurate and false claims to the Montana Medicaid Program for therapy and counseling related services. The Defendant's Medicaid billing contained claims that were billed listing the Defendant as the treating provider for dates of service when it was confirmed the Defendant was out of the country. The Defendant submitted these claims herself, knowing she did not perform the services being billed.

The Defendant engaged in a series of acts or omissions motivated by a purpose to accomplish a single criminal objective or by a common purpose or plan that resulted in the repeated commission of the same offense (Medicaid Fraud) or that affected the same person or the same persons (the Defendant and the Defendant's Medicaid patients) or the property of the same person or persons (Medicaid monies/payments.) Mont. Code Ann. § 45-2-101(8).

The payments, benefits, or claims for this offense exceed $1,500 in value.

Maximum Penalty for Medicaid Fraud

The maximum punishment provided by law for Medicaid Fraud, common scheme, a felony, committed in violation of Mont. Code Ann. § 45-6-313(1)(a) is:

> A person convicted of the offense of Medicaid fraud involving payments, benefits, or claims exceeding $1,500 in value shall be fined

an amount not to exceed the greater of $50,000 or 10 times the value of the payments obtained or be imprisoned in the state prison for a term not to exceed 10 years, or both.

Count III: **FALSE CLAIM TO PUBLIC AGENCY**, common scheme, a felony in violation of Mont. Code Ann. §§ 45-7-210 and 45-2-101(8).

From on or about January 1, 2021, to September 22, 2025, in Lewis and Clark County, State of Montana, the Defendant, Victoria Jean Davenport, as a part of a common scheme, knowingly presented for allowance or payment false or fraudulent claims bills, accounts, vouchers, or writings to a public agency, public servant, or contractor authorized to allow or pay valid claims presented to a public agency. Defendant engaged in a series of acts or omissions motivated by a purpose to accomplish a single criminal objective or by a common purpose or plan that resulted in the repeated commission of the same offense (False Claim to Public Agency) or that affected the same person or the same persons or the property of the same person or persons.

At all times relevant to this case, the Defendant was a Montana licensed clinical professional counselor and an enrolled Montana Medicaid provider who operated a counseling business and resided in Great Falls, Cascade County, Montana. Between approximately January 1, 2021, to September 22, 2025, pursuant to a common scheme, the Defendant knowingly submitted or caused to be submitted to the Montana Medicaid Program multiple claims for services that she did not in fact provide that were instead provided by licensure candidates who could not bill Medicaid independently. The Montana Medicaid program is administered by, and part of, the Montana Department of Public Health and Human Services, a public agency, located in Lewis and Clark County, State of Montana. The aggregate value of Defendant's false or fraudulent claims exceeds $1,500.00.

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Maximum Penalty for False Claim to Public Agency

The maximum punishment for False Claim to Public Agency, common scheme, a felony in violation of Mont. Code Ann. §§ 45-7-210 and 45-2-101(8), is a fine of up to $10,000, imprisonment in the state prison for up to 10 years, or both.

Count IV: **FALSE CLAIM TO PUBLIC AGENCY**, common scheme, a felony in violation of Mont. Code Ann. §§ 45-7-210 and 45-2-101(8).

From on or about January 1, 2021, to September 22, 2025, in Lewis and Clark County, State of Montana, the Defendant, Victoria Jean Davenport, as a part of a common scheme, knowingly presented for allowance or payment false or fraudulent claims bills, accounts, vouchers, writings to a public agency, public servant, or contractor authorized to allow or pay valid claims presented to a public agency. Defendant engaged in a series of acts or omissions motivated by a purpose to accomplish a single criminal objective or by a common purpose or plan that resulted in the repeated commission of the same offense (False Claim to Public Agency) or that affected the same person or the same persons or the property of the same person or persons.

At all times relevant to this case, the Defendant was a Montana licensed clinical professional counselor and an enrolled Montana Medicaid provider who operated a counseling business and resided in Great Falls, Cascade County, Montana. Between approximately January 1, 2021, to September 22, 2025, pursuant to a common scheme, the Defendant knowingly submitted or caused to be submitted to the Montana Medicaid Program multiple claims for services that she did not in fact provide. The Montana Medicaid program is administered by, and part of, the Montana Department of Public Health and Human Services, a public agency,

located in Lewis and Clark County, State of Montana. The aggregate value of Defendant's false or fraudulent claims exceeds $1,500.00.

Maximum Penalty for False Claim to Public Agency

The maximum punishment for False Claim to Public Agency, common scheme, a felony in violation of Mont. Code Ann. §§ 45-7-210 and 45-2-101(8), is a fine of up to $10,000, imprisonment in the state prison for up to 10 years, or both.

Count V: **TAMPERING WITH OR FABRICATING PHYSICAL EVIDENCE**, a felony in violation of Mont. Code Ann. § 45-7-207(1)(b).

From on or about October 18, 2025, and March 19, 2026, in Lewis and Clark County, State of Montana, the Defendant, Victoria Jean Davenport, presented to the Medicaid Fraud Control Unit (MFCU) documentation she knew to be false with the purpose of misleading investigators. The Defendant was on notice that an investigation was being conducted by agents with the MFCU. In response to an investigative subpoena for records, the Defendant provided MFCU with a significant number of records that had been altered from their original state.

Maximum Penalty for Tampering

The maximum penalty provided by law for Tampering With or Fabricating Physical Evidence, a felony committed in violation of Mont. Code Ann. § 45-6-313(1)(a) is a fine of up to $50,000, imprisonment in the state prison for up to 10 years, or both.

Witnesses known to the State at the time of filing this Information are as follows:

Agent Steve Barclay, Medicaid Fraud Control Unit – Helena, MT

Auditor Cailin Tollefson, Medicaid Fraud Control Unit – Helena, MT

Jennifer Tucker, Surveillance Utilization Review Section Supervisor, Department of Public Health and Human Services – Helena, MT

Rachel Savage, Program Integrity Compliance Specialist, Surveillance Utilization Review Section, Department of Health and Human Services – Helena, MT

Chelsey Hallsten, Medicaid Waiver and State Plan Specialist, Behavioral Health and Developmental Disabilities, Department of Health and Human Services – Helena, MT

Tara Wooten, Licensure Bureau Chief, Behavioral Health and Developmental Disabilities, Department of Health and Human Services – Helena, MT

Isaac Coy, Program Bureau Chief, Behavioral Health and Developmental Disabilities, Department of Health and Human Services – Helena, MT

S.G. – Great Falls, MT

K.D. – Great Falls, MT

B.G. – Great Falls, MT

K.C. – Great Falls, MT

K.F. – Great Falls, MT

M.D. – Great Falls, MT

A.H. – Great Falls, MT

A.D. – Great Falls, MT

K.D. – Great Falls, MT

B.M. – Great Falls, MT

A.R. – Great Falls, MT

S.R. – Great Falls, MT

F.S. – Great Falls, MT

C.M.P. – Great Falls, MT

J.B. – Great Falls, MT

*Medicaid clients/recipients and their parents/guardians
Any witness necessary to lay foundation
Any necessary for rebuttal
Any witness identified in discovery

* The names of Medicaid patients/recipients and their parents or guardians will be produced to the Defendant during discovery. Their names are not provided here to protect confidential health care information.

Dated this 9th day of June 2026.

Alexandra van Belle

ALEXANDRA VAN BELLE
Assistant Attorney General

Electronically Signed By:
Hon. Judge Christopher D. Abbott
Tue, Jun 09 2026 01:22:12 PM

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COUNSEL FOR THE STATE

MONTANA FIRST JUDICIAL DISTRICT COURT
LEWIS AND CLARK COUNTY

STATE OF MONTANA, Plaintiff, v. VICTORIA JEAN DAVENPORT, Defendant.	Cause No. **AFFIDAVIT IN SUPPORT OF MOTION FOR LEAVE TO FILE AN INFORMATION**

STATE OF MONTANA)
: ss.
County of Lewis and Clark)

Alexandra van Belle, Assistant Attorney General for the State of Montana, being first duly sworn, upon oath, deposes and states, based on information and belief, the following:

The information set forth below is a statement of facts related to Affiant by Agents and Investigators of the Department of Justice, Division of Criminal Investigation, Medicaid Fraud Control Unit (MFCU). Affiant bases the foregoing Motion for Leave to File an Information upon the relayed facts against the above-named Defendant and asserts that the matters, facts, and things herein relayed demonstrate probable cause to believe Defendant has committed the following offenses:

Count I: **MEDICAID FRAUD**, by common scheme, a felony in violation of Mont. Code Ann. §§ 45-6-313(1)(a) and 45-2-101(8).

Count II: **MEDICAID FRAUD**, by common scheme, a felony in violation of Mont. Code Ann. §§ 45-6-313(1)(a) and 45-2-101(8).

Count III: **FALSE CLAIM TO PUBLIC AGENCY**, common scheme, a felony in violation of Mont. Code Ann. §§ 45-7-210 and 45-2-101(8).

Count IV: **FALSE CLAIM TO PUBLIC AGENCY**, common scheme, a felony in violation of Mont. Code Ann. §§ 45-7-210 and 45-2-101(8).

Count V: **TAMPERING WITH OR FABRICATING PHYSICAL EVIDENCE,** a felony in violation of Mont. Code Ann. § 45-7-207(1)(b).

BACKGROUND

The above charges stem from MFCU's investigation into allegations that Medicaid had been fraudulently billed. "Medicaid is a publicly funded medical insurance program established to provide health-care coverage for persons who cannot otherwise afford coverage." *State v. Vainio,* 2001 MT 220, ¶ 9. "The federal legislation establishing the Medicaid program is known as Title XIX of the Social Security Act." *Id.* In 1967, the Montana Legislature authorized what is now the Department of Public Health and Human Services (DPHHS), a public agency, to implement a state Medicaid program. *Id.* The Montana state Medicaid program is part of Title 53 of the Montana Annotated Code pertaining to Social Services and Institutions and complies with Title XIX and its accompanying federal regulations. *Id.*; Mont. Code Ann. § 53-6-101. The administrative rules governing Medicaid eligibility in Montana are set forth in Admin. R. Mont. 37.82.101, *et seq.*, and the rules governing providers are set forth in Admin. R. Mont. 27.85.104, *et seq.*

"In 1977, Congress enacted the Medicare-Medicaid Anti-Fraud and Abuse Amendments to Title XIX." *Vainio*, ¶ 10. This legislation "authorized the creation of state Medicaid fraud control units and made funds available for states to prosecute Medicaid fraud." *Id.* (citing 42 U.S.C. §§ 1396b(a) and (q)). In 1995, the Montana Legislature established a Medicaid Fraud Control Unit (MFCU) within the Department of Justice. *Id.* (citing Mont. Code Ann. § 53-6-156).

Medicaid Enrolled Providers

"The Medicaid program is voluntary, and medical providers are not automatically Medicaid providers." *Id.* ¶ 11. A healthcare provider must apply and become an "enrolled provider" in a particular category of services before the provider can be reimbursed by Medicaid for such services. Admin. R. Mont. 37.85.402(1). As part of this application, the provider agrees to comply with "all applicable state and federal statutes, rules, and regulations." Admin. R. Mont. 37.85.401.

Medicaid coverage and reimbursements are available only for services or items that are provided in accordance with all applicable Medicaid requirements. Admin. R. Mont. 37.85.406, *et seq*. An enrolled Medicaid provider may not submit claims for services that the provider did not *personally* provide. Admin. R. Mont. 37.85.406(16)(emphasis added). A Medicaid provider must maintain patient records to support "the extent, nature and medical necessity" of services rendered. Admin. R. Mont. 37.85.414(1). Additionally, the provider's "records must support the fee charged or payment sought for the services . . . and demonstrate compliance with all applicable requirements." *Id.* These supporting records must be complete within 90 days after the date when the claim was submitted to Medicaid and a record is not complete until it has been signed and dated. Admin R. Mont. 37.85.414(1)(a).

Additionally, and of particular importance in this case, in order to receive Medicaid reimbursement for services provided by interns or licensure candidates[1], a provider must either be a licensed mental health center or meet the criteria provided in Administrative Rule of Montana (ARM) 37.85.213.

SURS Referral to MFCU

The DPHHS has a program called Surveillance Utilization Review Section (SURS) that works to prevent and identify fraud and abuse within the Medicaid system. The MFCU frequently receives referrals from SURS. SURS had run a billing query to identify providers who were billing substantially more than their peers for behavioral health services and identified the Defendant as a billing outlier for these services.

In addition to identifying the Defendant as a billing outlier, SURS had also received a referral regarding the Defendant in August 2025 from Behavioral Health and Developmental Disabilities (BHDD) Medicaid Waiver and State Plan Specialist Chelsey Hallsten. Hallsten reported that The GYST House and The GYST House 2, substance abuse disorder facilities owned by the Defendant, were billing without prior authorizations. She also told SURS that there had been reports of providers not being certified, no individual therapy sessions, and inappropriate dual relationships.

On September 11, 2025, DPHHS Licensure Bureau Chief Tara Wooten relayed a complaint to SURS that she had received from former employees of The GYST Houses. Licensure Bureau staff interviewed four former employees separately and they each described the same fraudulent activities occurring at both GYST Houses: non-licensed staff completing notes that the Defendant was signing; the Defendant billing for services that were not being performed; and all staff are using

[1] Per the Montana Board of Behavioral Health within the Department of Labor and Industries, a licensure candidate in Montana is an individual who has met particular educational and supervised clinical hour requirements, passed an exam, and is working under supervision to complete experience hours towards full licensure. *See pclc-app-checklist.pdf* and *swlc-app-checklist.pdf*.

the Defendant's Electronic Health Record account so that it appears that the Defendant is performing the work.

Further investigation by SURS into the Defendant's billing practices revealed that she billed Medicaid an average of 13 hours per day. As most behavioral health codes are time-based, consistent billing of more than 9 hours per day is an indication to SURS that the provider is billing excessively or billing for licensure candidates or other unlicensed staff inappropriately.

Based on the referrals it had received and the investigation it had performed, SURS sent a suspected fraud referral to MFCU on September 17, 2025, which MFCU accepted on September 22, 2025. On September 23, 2025, BHDD staff performed a routine State Approval renewal site visit at The GYST House. BHDD Program Bureau Chief Isaac Coy notified SURS that the visit revealed examples of fraudulent billing and that staff were unable to find progress notes or treatment plans that comply with BHDD's policies.

Hotline Referral

On September 18, 2025, shortly after receiving the referral from SURS, MFCU received an additional and independent referral from the MFCU hotline. S.G., a provider at Green Apple Counseling, reported that Green Apple Counseling's front desk receptionist, K.D., a counseling student and former client of Enlightening Minds, a counseling facility owned by the Defendant, told her that she believed the Defendant was billing Medicaid for no-shows and canceled appointments.

FACTUAL ALLEGATIONS

At all times relevant to this case, Defendant resided and worked in Great Falls, Cascade County, Montana. Upon information and belief, the Defendant currently resides in Great Falls, Cascade County, Montana. The Medicaid program is administered by, and part of, the Montana Department of Public Health and Human Services, a public agency, located in Lewis and Clark County, State of Montana.

The Defendant, Victoria Jean Davenport, is a Licensed Addiction Counselor (LAC) and Licensed Clinical Professional Counselor (LCPC). She owns and operates two Substance Use Disorder (SUD) facilities out of Great Falls, Montana – The GYST House and The GYST House 2. The GYST House is a women's facility and is licensed to serve seven residents. The GYST House 2 is a men's facility and is licensed to serve eight residents. The Defendant also owns and operates Enlightening Minds, a clinic in Great Falls that provides outpatient behavioral health and SUD services. Additionally, the Defendant serves as Clinical Director of Solara Mental Health Center in Great Falls.[2]

Review of the Billing Data

Auditor Cailin Tollefson confirmed that Defendant was an enrolled Medicaid provider at all times relevant to this case and that she owned three businesses: Enlightening Minds, The GYST House, and The GYST House 2. Between these three locations, Auditor Tollefson identified two separate types of fraudulent billing to Medicaid: billing for services provided by licensure candidates and billing for services supposedly provided by the Defendant when she was out of the country. Auditor Tollefson and Agent Barclay also reviewed records that had been requested pursuant to the official MFCU investigation and had been tampered with by the Defendant.

Improper Billing of Licensure Candidates

Auditor Tollefson confirmed that Enlightening Minds was not a licensed mental health center and that it did not meet the criteria of a mental health center outlined in ARM 37.85.213. She ran a billing query on Enlightening Minds for the timeframe of January 1, 2021, to September 22, 2025. She then reviewed the list of clients the Defendant provided that were seen by licensure candidates during this time

[2] Solara Health Mental Health Center does not accept Medicaid and was not included in the MFCU investigation.

frame and corresponding supporting documentation. Comparing that list to the billing query, Auditor Tollefson calculated that the Defendant was improperly reimbursed $252,568.00 for services provided by licensure candidates at Enlightening Minds.

Auditor Tollefson also confirmed that neither The GYST House nor The GYST House 2 were licensed as mental health centers or met the criteria provided in ARM 37.85.213. She ran a billing query for the time frame of January 1, 2021, to October 1, 2025, for The GYST House and The GYST House 2. She reviewed documentation corresponding to 69 claims that were written by staff who were neither licensed nor licensure candidates. For many of these notes, the content was simply a log of the recipient's daily activities with the staff member's name at the end of the note. One note was simply the letter "M." The Defendant signed all of these notes. The total fraudulent reimbursement for these 69 claims is $17,046.78.

In addition to these brief notes, Auditor Tollefson compared the billing query with the list of clients that were seen by licensure candidates and the corresponding supporting documentation. She calculated that The GYST House and The GYST House 2 were fraudulently reimbursed $855,253.53[3] for services provided by licensure candidates.

In total, Auditor Tollefson calculated that for all three facilities, the Defendant received a total fraudulent reimbursement from Medicaid for $1,124,868.31 for billing for licensure candidates.

Billing for Time When the Defendant was Out of the Country

Agent Barclay verified that the Defendant was out of the country on the following dates: October 24, 2023, to October 28, 2023; June 18, 2024, to June 21, 2024; and September 1, 2025, to September 7, 2025. During these time periods,

[3] This number does not include claims that were also identified as fraudulent in the second category, which identify claims the Defendant billed for sessions when she was out of the country.

Auditor Tollefson identified 97 claims from Enlightening Minds that were billed to Medicaid with the Defendant listed as the treating provider. The total fraudulent reimbursement for these claims is $8,503.81.

Auditor Tollefson also located 120 claims from both GYST Houses that were billed during the above time frames when the Defendant was on vacation that listed the Defendant as the treating provider. The total fraudulent reimbursement for these claims is $9,759.05.

In total, Auditor Tollefson calculated that for all three facilities, the Defendant received $18,262.86 in fraudulent reimbursement from Medicaid for billing for sessions billed listing her as the treating provider when she was out of the country.

Tampering

On both October 2, 2025, and November 21, 2025, Agent Barclay sent the Defendant Provider Request Letters (PRLs).[4] Each letter notified the Defendant of Administrative Rule of Montana 37.85.414(3), which requires the Medicaid enrolled provider to, upon the MFCU's request, provide a "true and accurate copy of each record of the service or item being reviewed *as it existed within 90 days after the date on which the claim was submitted to Medicaid.*" *Emphasis added.*

Auditor Tollefson reviewed the records MFCU received in response to these PRLs and the investigative subpoena the Defendant was served on February 17, 2026. She found that 1,007 progress notes were signed during a five-day period after the subpoena had been served. She calculated this number from the dates progress notes from Enlightening Minds, The GYST House, and The GYST House 2 were electronically signed. Many of these signatures were completed between two and five years after the service date.

[4] MCA § 53-6-157(2) provides that the MFCU may, upon written request, obtain information and records from applicants, recipients, and providers. These records include medical, professional, business or financial information. MCA § 53-6-155(16).

Similarly, Agent Barclay reviewed the documentation MFCU received from the Defendant and found that the Defendant signed 54 progress notes for dates of service between November 2022 and November 2023 that were electronically signed by the Defendant on October 18, 25, and 26, 2025, shortly after the first PRL had been sent to her. Agent Barclay also found that notes from 2021, 2022, 2023, and 2024 for one of the Defendant's clients were signed and dated the same date the Defendant received the second PRL, which was November 21, 2025.

Aside from the fact that the documentation signed after 90 days of the service date is an obvious violation of the Administrative Rule of Montana 37.85.414, changing the state of the progress notes as they existed by signing progress notes or instructing other staff members to sign progress notes on the Defendant's behalf (*See Interviews – A.D. below*) with knowledge that those notes are being sought pursuant to an official investigation is tampering according to the Montana Annotated Code § 45-7-201(1)(b).

Total Fraudulent Reimbursement

In total, based on Auditor Tollefson's calculations, the Defendant fraudulently billed Medicaid $2,300,729.65 between the three facilities in the time frame investigated. The total fraudulent reimbursement she received was $1,143,131.17.

Interviews

Agent Barclay interviewed several individuals during the course of the investigation, including providers, licensure candidates, and clients at Enlightening Minds, The GYST House, and The GYST House 2.

A.H.

On November 3, 2025, Agent Barclay interviewed A.H., the former Director of Operations for The GYST House and The GYST House 2, and the Secretary at Enlightening Minds for approximately a year and a half. A.H. stated that the Defendant frequently billed for no shows and cancelled appointments. One of A.H.'s

routine tasks was to cancel appointments in the calendaring software. She frequently marked an appointment as cancelled or as a no-show on the calendar, only to find the next day that the appointment had been altered in the software to appear as though the client had shown up. When A.H. confronted the Defendant about changing the calendar, the Defendant would tell her that she texted the client. A.H. stated that billing for cancelled or no-show appointments was a constant source of conflict between her and the Defendant during her entire year and a half employment.

A.H. also told Agent Barclay that the Defendant instructed every employee to bill under the Defendant's National Provider Identification (NPI) number. If anyone inquired about using their own NPI number, the Defendant would reply that it was too big of a headache for insurance to deal with multiple NPI numbers.

A.H. explained that the Defendant did not supervise licensure candidates at all and was rarely at either of The GYST Houses. She stated that on a few occasions at The GYST House 2, she witnessed the Defendant adding to and editing patient therapy notes that other employees had entered. A.H. stated that right before being audited by the State, the Defendant would enter her own notes in patient records whether she had been in the facility and seen the patient or not. She emphasized that the Defendant did not sit in on sessions performed by the licensure candidates at Enlightening Minds either and that the candidates performed services unsupervised.

K.R.

Agent Barclay interviewed K.R. on October 22, 2025. K.R. was an Addiction Counselor Licensure Candidate (ACLC) at The GYST House 2 for approximately two months. She stated that she began working at The GYST House 2 on June 2, 2025, and received her ACLC on June 26, 2025, meaning that she worked at The GYST House 2 for over three weeks without being a licensure candidate. When she was hired, she told the Defendant that she did not yet have her ACLC license. The Defendant responded that it was fine and that K.R. should nonetheless conduct group

meetings from noon to three. K.R. stated that there was no curriculum or plan to follow and that she only saw the Defendant occasionally.

K.R. affirmed A.H.'s explanation that all staff at both GYST Houses used the Defendant's log-in information to complete their progress notes. There was also one log-in and password for Qualitrac, a healthcare management application where providers can complete tasks like submitting prior authorization requests and clinic documentation. K.R. would sign her name at the bottom of a progress note, but when she hit the "Save" button, the Defendant's name would auto-populate. K.R. asked the Defendant why she did not have her own log-in information and the Defendant would change the subject or not respond.

K.R. told Agent Barclay that the Defendant instructed her to write continued stay reviews[5] for clients who had either already left or were leaving shortly. Per K.R., the Defendant would coach her to adjust the reviews to say that the client had made no progress so that Medicaid would approve a stay over thirty days. When K.R. asked her for the reasoning behind this instruction, the Defendant told her that everyone needed at least 30 days to improve. K.R. stated that the Defendant also billed for several clients who were no longer at The GYST House 2. One of them was C.H., a client who left The GYST House 2 after three days to a week. He returned approximately a week later, but the Defendant billed Medicaid for the time he was gone. K.R. named three clients (C.F., C.L, and J.F.) who left prior to the end of the five-day extension that Medicaid had allowed. The Defendant did not notify Medicaid that the clients left early and, accordingly, still collected the money from Medicaid as though the clients had stayed at The GYST House 2 the entire approved time.

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[5] A continued stay review is a process used by DPHHS in conjunction with Mountain Pacific to determine whether a Medicaid recipient should continue to receive a specific level of care beyond the original authorization period. They are designed to ensure that a recipient remains in a treatment facility only as long as medically necessary, based on specific medical criteria. More information can be found at 210RequestingContinuedStayReview-Non-Acute.pdf.

B.G.

On October 22, 2025, Agent Barclay spoke with B.G., a former employee of The GYST House from September 2024 through June 2025. B.G. was not a licensure candidate for the first five months of her employment. Shortly after she was hired, she told the Defendant that she had not yet submitted her application to the State of Montana to act as a licensure candidate and that it would take some time because her application required a meeting with the Board. The Defendant told her to nonetheless continue listing her qualifications on documentation as an ACLC.

B.G. told Agent Barclay that she provided several services at The GYST House, including conducting group and individual sessions, creating treatment plans, and writing discharge summaries and continued stay reviews. She provided these services independently, without any supervision from the Defendant. B.G. also explained that all of the employees at The GYST House would use the same login information to access the Electronic Health Record (EHR). She confirmed that, because of the single login, every time she logged in, it would appear on the system that the Defendant had logged in. At the bottom of every progress note B.G. created, she would type her name and when she clicked the "Save" button, the system would automatically input the Defendant's signature. The Defendant's NPI number would also auto populate.

B.G. stated that the Defendant would often continue billing Medicaid, even after a resident left one of The GYST Houses. Employees were also instructed to schedule discharging patients for follow-up appointments at Enlightening Minds even if they preferred to go elsewhere or lived in a different city.

K.F.

Agent Barclay spoke to K.F. on October 23, 2025. K.F. is currently an LAC and a former employee of both Enlightening Minds and The GYST House. She was employed at both of those locations during the same period from September 2024 to

September 4, 2025. She received her ACLC in July of 2024 and became a fully licensed LAC in July of 2025.

In both facilities, K.F. conducted individual and group sessions independently. She stated that the Defendant would "pop in" to group sessions from time to time, but she never supervised entire sessions. While K.F. was a licensure candidate, the Defendant signed off on her progress notes but never discussed them with K.F. or provided any feedback.

K.F. also told Agent Barclay that clients had to be removed from a provider's schedule or the system would automatically bill them. K.F. routinely removed clients from her schedule if they cancelled or did not show up to the appointment. She noticed that when the Defendant went on vacation to Mexico, there were still appointments on her calendar. Assuming that those clients would be billed, K.F. took them off the Defendant's calendar.

Once K.F. became a fully licensed LAC, she told the Defendant that she was going to get and use her own NPI number. The Defendant did not want her to do that and specifically stated that she wanted all of the billing to go through her NPI number.

K.F. explained that she and the Defendant had mutual clients; K.F. would see the client for addiction issues and the Defendant would see them for mental health issues. Some of these clients had scheduled appointments with the Defendant and the Defendant would not be in the office at the appointment time. A few of these clients told K.F. that they received EOMBs from Medicaid and that some of the appointments listed with the Defendant did not occur. Because the Defendant's name was on the billing and the corresponding progress note, K.F. explained that some of her clients were confused about the EOMBs they received.

A.D.

On February 12, 2026, Agent Barclay interviewed A.D., an LCPC and former employee of Enlightening Minds. She worked for Enlightening Minds from October

2024 to December 2025 as a fully licensed therapist. She provided mental health services. A.D. confirmed that, while she had her own NPI number, her services were billed under the Defendant's NPI number.

A.D. explained that she was providing services to a client who was previously a client of the Defendant's. When she went back to review the Defendant's notes, there were no treatment plans, assessments, or progress notes. A.D. also stated that when the MFCU investigation was underway, the Defendant instructed two newly hired employees to come in and assist in getting "caught up" on paperwork. She did not believe either of the employees were licensed therapists and she told Agent Barclay what she thought their first names were. A.D. also recalled an instance when an attorney for one of the Defendant's clients called while the Defendant was out of the office on the cruise. The attorney was requesting progress notes to be used in a disability hearing the next day. A.D. looked for the progress notes, but they did not appear to exist.

A.D. also stated that to her knowledge, the interns and licensure candidates were not receiving any supervision. She "always" saw the Defendant at Enlightening Minds so she could not have been at either of the GYST Houses. A.D. stated that interns often came to her asking for help because they did not know how to proceed with certain client issues.

B.M.

Agent Barclay spoke with B.M. on February 5, 2026. B.M. is a former client and employee of The GYST House, where she worked from September 2023 until January 2024. During her employment, B.M. noticed that when the Defendant went on vacation, she would not remove the clients from her schedule, resulting in the automatic billing of those clients.

B.M. told Agent Barclay that the Defendant told her that she was "making up" client progress notes because she was being investigated. According to B.M., the

Defendant told her that she had never done notes for her when B.M. was a client. B.M. also reiterated what A.D. had explained, which was that the Defendant arranged for two individuals to go through progress notes and try to "fix" them. B.M. did not recognize the individuals as employees.

K.D.

Agent Barclay interviewed K.D. on October 22, 2025. K.D. was a former client of the Defendant's for approximately three years. She told Agent Barclay that while she was a client at Enlightening Minds, K.F. told her that her appointment was still on the Defendant's calendar even though the Defendant would be on a cruise at the time of the appointment. When K.D. said that was illegal, K.F. responded that it happened all the time. K.D. also stated that for some of her appointments with the Defendant, the Defendant would just not show up with no warning, but Medicaid was still billed for them. Although she did not mail back the EOMB to Medicaid, she told Agent Barclay there were dates in August where the Defendant billed Medicaid for appointments that did not occur.

J.B.

On February 20, 2026, Agent Barclay interviewed J.B., a former employee of The GYST House and Enlightening Minds from August 2023 through April 2024. J.B. stated that she was not yet a licensure candidate when she worked for the Defendant; she was a practicum student at the University of Montana. She nonetheless provided therapy to clients and states that she did not have any direct supervision. J.B. confirmed that she was unlicensed while providing therapy services, which were mostly group sessions, but that she was also expected to complete one-on-one assessments.

J.B. also told Agent Barclay that although she completed her own progress notes and signed them, the Defendant's signature was also on them.

SUMMARY

As an enrolled Medicaid provider, the Defendant agreed to abide by applicable rules and statutes, including those that govern billing for services provided by licensure candidates. Defendant demonstrated understanding of those prohibited billing practices and continued to fraudulently submit claims to and receive reimbursement from Medicaid for services provided by licensure candidates. She also fraudulently billed Medicaid for services she supposedly provided at times when she was out of the country. The Defendant further altered documentation that had been requested pursuant to an official investigation. Based on Auditor Tollefson's calculations, the Defendant fraudulently billed Medicaid a total of $2,300,729.65 between the three facilities in the time frame investigated. The total fraudulent reimbursement she received was $1,143,131.17.

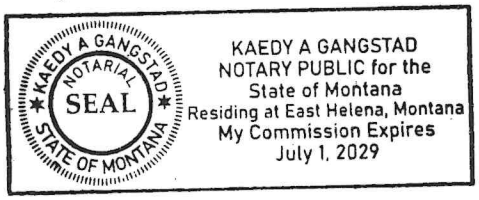
For those reasons, Affiant asserts there is probable cause to believe that the Defendant, Victoria Jean Davenport, has committed the above-listed offenses. Leave is hereby requested allowing the undersigned to file an Information charging Defendant with said offenses.

DATED this 9th day of June 2026.

Alexandra van Belle

ALEXANDRA VAN BELLE
Assistant Attorney General

SUBSCRIBED AND SWORN TO before me this 9th day of June 2026 by Alexandra van Belle.



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