

IN THE MATTER OF * BEFORE THE MARYLAND
CANDICE TISDALE- CORNISH, LCSW-C * STATE BOARD OF
RESPONDENT * SOCIAL WORK EXAMINERS
License Number: 13576 * Case No.: 2017-2386

* * * * *

FINAL ORDER

On the 13th day of July, 2018, the Maryland State Board of Social Work Examiners (the "Board") notified **CANDICE TISDALE-CORNISH, LCSW-C** (the "Respondent"), License Number 13576, of its intent to revoke her license to practice clinical social work in the State of Maryland under the Maryland Social Workers Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 19-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.).

Specifically, the Board based its action on the Respondent's violation of the following provisions of the Act under Health Occ. § 19-311:

Subject to the hearing provisions of § 19-312 of this subtitle, the Board may deny a license to any applicant, fine a licensee, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the applicant or licensee:

- (2) Fraudulently or deceptively uses a license;
- (4) Commits any act of gross negligence, incompetence, or misconduct in the practice of social work;
- (5) Engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of social work;
- (6) Violates any provision of this title or regulations governing the practice of social work adopted and published by the Board;

- (7) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the plea or conviction set aside;
- (11) Makes or files a false report or record in the practice of social work; [and]
- (13) Submits a false statement to collect a fee[.]

With respect to § 19-311(6), the Board alleges that the Respondent violated the following provision of the Board's regulations of the Code of Ethics under COMAR 10.42.03:

.03 Responsibilities to Clients.

B. The licensee may not:

- (1) Participate or condone dishonesty, fraud, deceit, or misrepresentation;

In its Notice, the Board informed the Respondent that she had the opportunity to request a hearing before the Board by submitting a request in writing to the Board's Executive Director within thirty days of service of the Notice. More than thirty days have elapsed since the service of the Notice on the Respondent, and the Respondent has not requested a hearing.

FINDINGS OF FACT

The Board makes the following findings of fact:

- 1. At all times relevant, the Respondent was and is licensed to practice clinical social work in the State of Maryland. The Respondent was initially licensed as a licensed certified social worker-clinical ("LCSW-C") in Maryland on or about August 1, 2007.

The Respondent's license is currently active and is scheduled to expire on October 31, 2019.

2. At all relevant times, the Respondent was the owner and operator of a mental health agency ("the Agency")¹ that provided mental health services to children and adults.

3. On or about June 28, 2017, the Maryland Office of the Attorney General ("OAG") issued a news release entitled "Licensed Clinical Social Worker Sentenced for Felony Medicaid Fraud." The news release went on to state that based on investigation by OAG Medicaid Fraud Control Unit, Medicaid paid the Respondent more than \$22,000 for services she did not provide. The news release stated that the Respondent pleaded guilty to Felony Medicaid Fraud and was sentenced to five years of incarceration, with all but six months suspended, to be served on home detention, and five years of probation. The Respondent was ordered to pay the full restitution and is precluded from participating as a provider in any federally funded health care plan for five years.

4. After reviewing the OAG news release, the Board initiated an investigation of the Respondent.

5. On or about September 27, 2017, the Board obtained copies of the criminal court records which state that on or about February 23, 2017, in the Circuit Court for Baltimore City, Maryland, Case Number 217054004, the Respondent was charged via criminal information with Count 1, Felony Medicaid Fraud, which states:

¹ To ensure confidentiality, the names of individuals, hospitals, healthcare facilities involved in this case are not disclosed in this document. The Respondent may obtain the identity of the referenced individuals or entities in this document by contacting the administrative prosecutor.

...[the Respondent] on or about January 1, 2010 through on or about October 30, 2013...did knowingly and willfully defraud the Maryland Medical Assistance Program (Medicaid) and...submitted and caused to be submitted false claims for payment to Medicaid, falsely representing that she had provided certain services to Medicaid recipients when she knew that such services had not been provided, and in which the amount of claims involved was more than \$500 in the aggregate...

6. On or about June 28, 2017, the Respondent plead guilty to Count 1. The

Statement of Facts in Support of the Guilty Plea included the following:

...Tisdale-Cornish has been an individual Medicaid Provider since August 2007, and has had a Medicaid Provider number for her group practice, [the Agency] since October 2010. Tisdale-Cornish provided mental health services to both children and adults, a majority of whom were Medicaid recipients. From November 2012 through October 2013, Tisdale-Cornish hired a biller to work 20 hours a week. Tisdale-Cornish personally trained the biller and the biller only billed what Tisdale-Cornish told her to bill.

Investigation revealed that Tisdale-Cornish fraudulently billed Maryland Medicaid for services not rendered. Recipient B began to receive mental health therapy from [the Agency] in August 2009. B's first session was with Tisdale-Cornish, and all subsequent sessions were with another therapist hired by Tisdale-Cornish, [Therapist A]. B never saw any other therapists. B attended therapy once per week, usually on Wednesdays. When B graduated high school in May 2012, she stopped going to therapy.

[Therapist A] was a therapist at [the Agency] from 2009 to 2012. [Therapist A] would testify that she provided services to B until May 2012, when B graduated high school. She saw B one more time after that, at B's graduation party. [Therapist A] would draft progress notes after her visits with B and would submit those progress notes and her hours worked to Tisdale-Cornish. Tisdale-Cornish would either submit, or direct her biller to submit a bill to the Medicaid Program.

Medicaid Fraud Control Unit ("MFCU") Fraud Analyst would present the paid claims analysis which shows that Tisdale-Cornish continued to bill Medicaid for providing weekly individual and

family therapy to B through February 2013, billing for an additional 63 days of service, totaling \$3,949.40 after B stopped therapy.

As further corroboration of the falsity of these and other claims and of Tisdale-Cornish's knowledge that these services were not rendered as billed, evidence would establish that Tisdale-Cornish created fake patient progress notes when she was provided with notice from the Department of Health and Mental Hygiene- Office of Inspector General ("DHMH-OIG") that they would be conducting an audit of [the Agency]. On July 22, 2013, [Auditor] from DHMH-OIG notified Tisdale-Cornish that DHMH-OIG would be conducting and audit of [the Agency] on July 24, 2013. Tisdale-Cornish asked for a delay of the onsite audit. When the auditors arrived at [the Agency] on July 29, 2013, the auditors collected hard copies of the progress notes that Tisdale-Cornish had in her office. Tisdale-Cornish also gave them three thumb drives that she said contained all of the other progress notes, as she had begun to keep documents electronically.

MCFU Fraud Analyst conducted a metadata analysis of the thumb drives produced by Tisdale-Cornish and was able to determine that an individual who logged in as "Candi Girl" created fifty-nine (59) progress notes for B in succession on July 24, 2013, between 5:55 p.m. and 10:44 p.m. The fraudulent progress notes cover dates of service from July 16, 2012 through March 15, 2013. The presentation of evidence for the remaining recipients would follow a similar pattern.

Recipient T received services from Tisdale-Cornish from March 2011 through September 2011 when his grandfather died. T only received individual therapy from Tisdale-Cornish, and never received family therapy series, yet Tisdale-Cornish Billed the Medicaid program for family therapy for T and continued to bill for individual therapy for T through February 2013, billing Medicaid for an additional 50 dates of individual therapy and for 33 days for family therapy which were never provided. Tisdale-Cornish was paid \$8,536.51 for series not rendered.

Similarly, Recipient L stopped receiving services from [the Agency] in May 2012, at the end of the school year. Tisdale-Cornish continued to bill Medicaid for providing series to L for 93 therapy sessions from June 2012 through May 2013 and was paid \$6,394.27 for services that were never provided.

Recipient A received mental health services from [the Agency] from October 2012 through May 2013. Tisdale-Cornish continued to bill Medicaid through August 2013 for services that were never provided to Recipient A, receiving \$3,914.75 for services not rendered.

The amount of fraud for services not rendered for the four Medicaid recipients totals \$22,794.03. All acts occurred in Baltimore City.

7. The Respondent was sentenced to five (5) years of incarceration, of which, all but six (6) months was suspended, to be served on home detention.² Subsequent to home detention, the Respondent was placed on probation for five (5) years and ordered to pay restitution in the amount of \$ 13,794.93³ to the Office of the Attorney General. In addition, the Respondent was ordered to be excluded from being a provider in any federally funded health care programs.

8. The Office of the Inspector General, pursuant to 1128(a)(1) of the Social Security Act, excluded the Respondent from participation in any capacity in Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act. The exclusion, effective on or about April 19, 2018, was the result of the Respondent being “convicted of a criminal offense related to the delivery of an item or service related to the delivery of an item or service under title XVIII or under any State health care program.”⁴

² The Respondent received credit for time served. According to the Probation/Supervision Order, four years, eleven months, and twenty-eight days was suspended.

³ The Probation/Supervision Order indicates that the Respondent was ordered to pay \$13,794.93 in restitution because, prior to her sentencing on or about June 29, 2017, the Respondent paid \$9,000 of the \$22,794.94 of the total restitution owed.

⁴ The Office of the Inspector General (“OIG”) has the authority to exclude individuals from federally funded health care programs and maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities (LEIE). A review of the LEIE database reveals the Respondent was excluded pursuant to 1128(a)(1) effective April 19, 2018. In the case of an exclusion under 1128(a)(1), the minimum period of exclusion

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's underlying actions leading up to, and including, her guilty plea to Felony Medicaid Fraud, in violation of Crim. Law § 8-509, constitutes fraudulently or deceptively using a license, in violation of § 19-311(2); committing an act of gross negligence, incompetence, or misconduct in the practice of social work, in violation of § 19-311(4); engaging in unprofessional conduct, in violation of § 19-311 (5); violating provisions or regulations governing the practice of social work, in violation of § 19-311(6), and, specifically COMAR 10.42.03.03; being convicted of a felony or crime of moral turpitude, in violation of § 19-311(7); making or filing a false report or record in the practice of social work, in violation of § 19-311(11); and, submitting a false statement to collect a fee, in violation of § 19-311(13).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is, by the affirmative vote of a majority of the Board considering this case:


ORDERED that the Respondent, Candice Tisdale-Cornish, LCSW-C's license to practice clinical social work in the State of Maryland under License Number 13576 be and hereby is **REVOKED**; and it is further

ORDERED that the Respondent is prohibited from practicing clinical social work in the State of Maryland; and it is further

shall not be less than five years. Reinstatement of excluded individuals is not automatic once the period of exclusion ends. An individual must apply for reinstatement and receive notice from OIG that reinstatement has been granted.

ORDERED that this Order is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014).

9/14/18
Date


Sherryl Silberman, LCSW-C
Board Chair
Maryland State Board of Social Work
Examiners

NOTICE OF RIGHT TO APPEAL

Pursuant to Md. Code Ann., Health Occ. § 19-313(b) (2014 Repl. Vol. & 2017 Supp.), you have a right to take a direct judicial appeal. A Petition for Judicial Review must be filed within thirty (30) days of service of this Order and shall be made as provided for judicial review of a final decision in the Md. Code Ann., State Gov't II §§ 10-201 *et seq.* (2014 Repl. Vol.) and Title 7, Chapter 200 of the Maryland Rules.