



MEDICAID FRAUD REPORT

November/December 2007

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CFO of Maryland Psychiatric Company Sentenced

Attorney General Douglas F. Gansler announced on November 19 that Guy Anthony Bell was sentenced to 27 months in jail for his role in billing the Medicaid program for more than \$4,000,000 for services that were never performed. Bell was sentenced to four years in jail with all but 27 months suspended, and five years probation after his release from prison.

From October, 2002, until April, 2004, Bell served as the chief financial officer for The Bridges Project, a provider of psychiatric rehabilitation and therapy for children and adults. At its peak, The Bridges Project had enrolled over 1,200 children. However, the company never had enough rehabilitation counselors to provide the required services to its clients. Under the direction of Bell, Bridges billed for services without any regard to whether the services were actually provided. Bell directed that Bridges bill every client two, three or four times a week, even clients to whom no counselor had been assigned. As a result, billing records from the Mental Hygiene Administration (MHA), a Medicaid agency, showed that Bridges billed for nearly 50,000 hours of rehabilitation services that it did not provide. Because of Bell's actions, Bridges collected almost \$3,000,000 for services it never performed. Bell took home over \$1,000,000 from his work at Bridges.

Bell also directed the billing for psychotherapy, a high level intensive form of mental health care. Despite having almost no licensed therapists, Bridges billed the Medicaid program for providing over 9,000 hours of psychotherapy, none of which was permitted to be performed by unlicensed persons. In addition, Bridges' own records revealed that less than one-half of the therapy sessions billed ever took place. Several recipients of Bridges indicated that although they were only seen four or five times, the company billed for over 30 sessions per recipient. Bridges the unlicensed therapists from Bridges confirmed that they did not provide the services for which Bridges billed. The state paid Bridges over \$1,000,000 for therapy sessions that never occurred.

For further information contact Michael Travieso, Director (410) 576-6529.

CASES:**Adult Foster Homes: Oregon**

Attorney General Hardy Myers announced on November 13 that Sherry Martin aka Utecht (Utecht) entered into an Assurance of Voluntary Compliance (CAVC) with the Oregon Department of Justice-Medicaid Fraud Control Unit.

Utecht owned and operated an adult foster home and cared for her elderly and disabled mother. Utecht allegedly accepted room, board and service payments from the Medicaid program after her mother had moved into a nursing facility.

This case was handled via an Assurance of Voluntary Compliance (AVC) under the Oregon Unlawful Trade Practices Act (UTPA), Oregon's consumer protection statute. Pursuant to the negotiated settlement, Utecht will pay \$2,553.04 in restitution to the Department of Human Services and \$250 in investigative costs to the Oregon Department of Justice. Additionally, she agreed not to work in any capacity paid with Medicaid and/or Medicare dollars.

For further information contact Senior Assistant Attorney General Sheen Y. Wu (971) 673-1992.

Behavioral Therapists: Florida

Attorney General Bill McCollum announced on December 6 the arrest of Jennifer Baxt who is accused of falsifying more than \$6,000 in claims to Florida's Medicaid program. The investigation was initiated after the Medicaid Fraud Control Unit received information from the mother of a Medicaid recipient. She alleged that her child had not received the behavior therapy for which Baxt was submitting Medicaid reimbursement claims. Further investigation revealed that Baxt submitted numerous claims to the Medicaid program for reimbursement for behavioral therapy that she never provided to multiple children who are Medicaid recipients.

For further information contact Rick Lober, Director (850) 595-6057.

Dentists: Kentucky

Attorney General Greg Stumbo announced on December 20 that a former Kentucky dentist has been arrested for Medicaid fraud and drug trafficking. A grand jury returned a four count felony indictment against Craig L. Ralston on December 19.

According to the indictment Ralston fraudulently billed and accepted payments from the Medicaid Program for tooth extractions that he did not perform between 1998 and 2004.

Additionally, the indictment alleges that Ralston was trafficking in controlled substances by unlawfully providing Schedule III drug prescriptions to patients, when there was no medical need or justification for the prescriptions.

For further information contact Assistant Attorney General Jennifer Wintergerst or Agent Paul Underwood (502) 696-5405.

Dentists: New Mexico

Attorney General Gary King Announced on November 29 that the Medicaid Fraud and Elder Abuse Division is prosecuting dentist Lillian Jaime, DDS, d/b/a Sierra Dental on multiple counts of Medicaid fraud.

A grand jury returned a seven count indictment against Jaime based on substantially inadequate treatment, and alternatively; seven counts of Medicaid fraud based on fraudulent billings along with five counts of falsification of documents. Jaime allegedly billed the New Mexico Medicaid program for dental services and treatment from approximately 1999 to 2005.

For further information contact Elizabeth Staley, Director (505) 222-9080.

Durable Medical Equipment: Oregon

Attorney General Myers announced on November 15 the conviction and sentencing of Agbora Naanee, the former owner of a durable medical equipment company. Naanee was convicted of billing Medicare for motorized wheelchairs that were not medically necessary and were not provided to Medicare beneficiaries.

Naanee was found guilty of three counts of Making a False Claim for Health Care Payment. In October and November of 2003, Naanee obtained fraudulent Certificates of Medical Necessity (CMN) and submitted these CMNs to Medicare for reimbursement for wheelchairs and accessories that he never delivered and were never ordered by the physicians. Naanee was sentenced to 20 days of jail, 480 hours of community service, three years of probation with the condition that he cooperate fully with State investigators and agree to a polygraph examination. In addition, Naanee agreed to pay the full restitution of \$72,635.08 and executed a lien on his homes.

For further information contact Senior Assistant Attorney General Sheen Wu (971) 673-1992.

Durable Medical Equipment: South Carolina

Attorney General Henry McMaster announced on November 7 that Winford Thompson was convicted of one count of Filing False Claims. On or about July 9, 2006, Thompson, owner of Advantage Diabetic Supply, caused a false claim to be filed with the South Carolina Medicaid Program.

Thompson was sentenced to three years, suspended upon five years probation. Special conditions include electronic monitoring for the entire five years, restitution of \$626,363.15 (already paid \$60,000 to HHS and investigative costs), minimum monthly payments of \$3,000, prohibited from selling or encumbering any presently owned property (to be sold upon violation of probation or failure to make complete restitution) and 20% probation assessment on the restitution amount.

For further information, contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General T. Scott Beck, or Chief Investigator Harry Bracy (803) 734-3660.

Durable Medical Equipment: Texas

Attorney General Greg Abbott announced on December 20 that Samuel E. Edem, the former owner of a medical equipment and supply company, pleaded guilty to first-degree felony theft.

Edem owned the now-defunct Semeds Medical Equipment. He was ordered to repay more than the \$80,000 he stole from the Medicaid program. Edem who was sentenced to ten years probation and 240 hours of community service, billed Medicaid for undelivered medical supplies

The case against Edem was uncovered during a larger probe by state and federal authorities, who are investigating a large network of durable medical equipment providers for billing Medicaid and Medicare for adult diapers, wheelchairs and other medical supplies that were never delivered. In Edem's case, he primarily billed Medicaid for incontinence supplies, such as adult diapers, that he never delivered.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossom (512) 371-4700.

Home Health Care Aides: Arizona

Attorney General Terry Goddard announced on December 17 the sentencing of Regina Gabel. Gabel was sentenced to three years probation and ordered to pay restitution to the Arizona Healthcare Cost Containment System in the amount \$5,323.32 and ordered to pay investigative costs to the Medicaid Fraud Control Unit in the amount of \$500.

From December 27, 2004 thru July 14, 2005, caregiver Gabel submitted time slips for care hours totaling over \$5,000. The claim forms were for compensation for care provided by her to three developmentally disabled children in their home at times when they were not even present.

Gabel was indicted on April 19 on one count of fraudulent schemes and artifices, one count of theft and six counts of forgery. On November 14, Gabel pleaded guilty to Possession of a Forgery Devise, a class 5 felony.

For further information contact Assistant Attorney Steven Duplissis (602) 542-3881.

Home Health Care Aides: Florida

Attorney General McCollum announced on November 1 that Alina Leyva was arrested for stealing more than \$6,000 from Florida's Medicaid program. The arrest is Leyva's second in three months for similar charges. Leyva was out on bond when the second Medicaid fraud infraction occurred.

Leyva worked as a Medicaid home health care provider. The arrest resulted from an investigation by the Medicaid Fraud Control Unit acting on information received from the parents of a Medicaid recipient. The investigation revealed that Leyva allegedly submitted reimbursement claims to the Medicaid program for companion services she never provided to a disabled Medicaid recipient. Leyva even billed the Medicaid program for services supposedly provided to the recipient at a time when the recipient was out of the state.

For further information contact Rick Lober, Director (850) 595-6057.

Home Health Care Aides: Ohio

Attorney General Marc Dann announced on November 1 that Robin Russell entered a plea of guilty to one count of Medicaid Fraud, a felony of the fourth degree. Russell was sentenced to 15 months in prison; suspended, five years probation, and ordered to pay restitution in the amount of \$43,935.20. On January 16, 2006 an indictment was returned which charged Russell with one count of Medicaid Fraud, a felony of the fourth degree.

Russell and her husband Tracy Russell were home health aides for a MRDD recipient. Both Mr. and Mrs. Russell billed for services that they did not provide over an approximately two-year period.

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Attorney General Dann announced on November 1 that Tracy Russell entered a plea of guilty to one count of Medicaid Fraud, a felony of the fourth degree and was sentenced to 15 months in prison; suspended, five years probation, and ordered to pay restitution in the amount of \$36,864.33. On January 16, 2007 an indictment was returned which charged Tracy Russell with one count of Medicaid Fraud, a felony of the fourth degree.

Russell and his wife Robin Russell were home health aides for a MRDD recipient. Both Mr. and Mrs. Russell billed for services they did not provide over an approximately two-year period.

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Attorney General Dann announced on November 13 that William Bryan, Jr. entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and was sentenced to

30 days in prison; suspended, and ordered to pay restitution in the amount of \$5,000. On August 24, an indictment was returned which charged Bryan with one count of Medicaid Fraud, a felony of the fourth degree, and one count of Theft, a felony of the fourth degree.

Bryan provided home health aide services to his cousin, a MRDD recipient. When the agents interviewed him, he admitted that he worked only 65% of the time.

For further information on these cases contact Assistant Attorney General Amy Koorn (614) 466-0722.

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Attorney General Dann announced on November 13 that Carolyn Lester entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and was sentenced to 180 days in prison; suspended, two years probation, ordered to pay investigative costs in the amount of \$500, and ordered to pay restitution in the amount of \$2,696. On March 20, an indictment was returned which charged Lester with one count of Medicaid Fraud, a felony of the fifth degree.

Lester, a home health aide, billed Medicaid for services that she did not render to a Medicaid recipient.

For further information contact Associate Assistant Attorney General Claude Nicholson (614) 466-0722.

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Attorney General Dann announced on November 26 that Christine Bradley entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and was sentenced to six months in prison; suspended, and ordered to pay restitution in the amount of \$1,020. On October 16, an indictment was returned which charged Bradley with one count of Medicaid Fraud, a felony of the fifth degree, and one count of Theft, a felony of the fifth degree.

Bradley was a home health aide who billed for services that she did not provide.

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Attorney General Dann announced on November 27 that Christopher Martin entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and was sentenced to six months in prison; suspended, 12 months probation, assessed a fine of \$250; suspended, ordered to perform 25 hours of community service, and ordered to pay restitution in the amount of \$7,848. On April 17, an indictment was returned which charged Martin with one count of Medicaid Fraud, a felony of the fourth degree. Martin was a home health aide who billed for services that he did not provide.

For further information on both cases contact Principal Assistant Attorney General Jordan Finegold (614) 466-0722.

Home Health Care Aides: Oregon

Attorney General Myers announced on October 10 the conviction and sentencing of Jaimi L. Shaffer of felony Making False Claim for Healthcare Payment.

Shaffer was a Medicaid paid in-home healthcare provider for a disabled individual. Shaffer was authorized to provide up to 17 hours of care every two weeks to the individual. In late 2005, the Department of Human Services ("DHS") learned that the Medicaid recipient had moved out of his trailer and possibly out of Oregon. A review of vouchers indicated that Shaffer continued to submit vouchers for a three month period after the recipient had allegedly moved out of Oregon. As a result, DHS sought to terminate her provider number, which Shaffer had successfully fought. The Oregon Medicaid Fraud Control Unit ("MFCU") became involved in late 2006 when it was investigating a new, unrelated referral regarding Shaffer. As a result, the MFCU looked again at the 2005 case and opened an investigation which culminated in Shaffer admitting to defrauding DHS in 2005.

As a result of the conviction, Shaffer was ordered to serve two days in jail and was placed on five years probation. Conditions of the probation included 80 hours of community service, ordered to pay a total of \$1,821.50 in compensatory fines to DHS, and pay other fines totaling \$507.

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Attorney General Myers announced on October 25 the conviction of DiAnté Millage of one count of felony Theft in the First Degree.

Millage was a Medicaid paid in-home care provider for a disabled person. In early 2007, the Medicaid recipient decided to terminate Millage and to hire a new caregiver. Although the recipient did hire a new caregiver, an error at the Department of Human Services ("DHS") caused "payment vouchers" to continue to be sent to Millage. Three such vouchers were erroneously sent to Millage. Despite being terminated, Millage fraudulently signed each voucher and submitted them to DHS, and he received approximately \$700 for each fraudulent voucher.

Millage was sentenced to 30 days jail and placed on three years formal probation. Conditions of probation include 160 hours of community service and payment to DHS of \$2,080 in restitution.

For further information on both cases contact Senior Assistant Attorney General Rodney K. Hopkinson (971) 673-1880.

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Attorney General Myers announced on November 7 that Judy Bowen was convicted of two counts of felony Making a False Claim for Health Care Payment. Earlier this year, her co-defendants, Dawn Fox and Bethany Mena, were convicted of one count of Theft in the First Degree and one count of Making a False Claim for Health Care Payment.

Bowen and her in-home caregivers, Fox and Mena, billed Medicaid for services that the caregivers did not provide and then split the illegal proceeds. All three were sentenced to three years supervised probation and jail time. Fox was ordered to serve 20 days of jail, Mena was ordered to serve 30 days in jail and Bowen was ordered to serve 40 days in jail. Conditions include paying full restitution to the Oregon Medicaid program which all together totaled \$24,540.63 in restitution to Medicaid.

For further information contact Senior Assistant Attorney Sheen Y. Wu (971) 673-1880.

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Attorney General Myers announced on December 12 that Trudy McHaffie pleaded guilty to Making False Claim for Healthcare Payment and was sentenced to time served in jail and placed on 36 months formal probation. Conditions of probation included ordering McHaffie to pay \$511.66 in restitution, perform 120 hours of community service and prohibited from working in any program that is paid directly or indirectly with Medicaid or Medicare dollars.

McHaffie was an in-home care provider for a disabled Medicaid recipient. The recipient called her case manager and wanted a new caregiver because McHaffie was failing to show up. A record check revealed, however, that McHaffie continued to submit vouchers claiming she was still working. On several vouchers she signed the recipient's name, misspelling the name.

For further information contact Senior Assistant Attorney General Rodney Hopkinson (971) 673-1880.

Home Health Care Aides: Washington State

Attorney General Rob McKenna announced on October 5 that Lorlyn M. Villaflores pleaded guilty to five counts of Theft in the First Degree and two counts of Medicaid False Statement. She was sentenced to serve 45 days of incarceration, 12 months probation, and ordered to make restitution in the amount of \$10,515 to the Medicaid program.

Investigator Michael Lambert conducted the investigation for the Washington State MFCU. He found that Villaflores owned and operated an adult family home. During an investigation of standard of care complaints for an unrelated patient, it was discovered that DSHS was being billed twice for the same client.

According to Dawn Cortez, Director of the Washington State MFCU, Villaflores continued to bill DSHS for six months of service after the client had exited her facility. Villaflores received \$10,515.93 as a result of these false billings.

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Attorney General McKenna announced on October 19 that Eunice D. Laupati pleaded guilty to one count of Theft in the First Degree and five counts of Medicaid False Statement and was sentenced as a first time offender to serve 30 days of incarceration, and ordered to make restitution in the amount of \$11,178 to the Medicaid program.

Investigator Beverly Maddox conducted the investigation for the Washington State MFCU. She found that Laupati had contracted with the Medicaid program to provide in-home personal and respite care services for a Medicaid client. In order to receive payment under this program, Laupati was to submit the number of hours she provided care through Invoice Express, a telephonic invoice system, on a monthly basis.

According to Dawn Cortez, Director of the Washington State MFCU, Laupati continued to bill Medicaid claiming she was providing services to the Medicaid client for seven months after the individual was deceased.

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Attorney General McKenna announced on October 22 that Jennifer P. Kuehn pleaded guilty to one count of Theft in the First Degree and two counts of Medicaid False Statement and was sentenced as a first time offender to serve 30 days of incarceration converted to 240 hours of community service and to make restitution in the amount of \$5,935.96 to the Medicaid program.

Investigator Gary McDonald conducted the investigation for the Washington State MFCU. He found that Kuehn had contracted with the Medicaid program to provide in-home personal care services for her mother-in-law, a Medicaid client. In order to receive payment under this program, Kuehn was to submit the number of hours she provided care through Invoice Express, a telephonic invoice system, on a monthly basis.

According to Dawn Cortez, Director of the Washington State MFCU, Kuehn continued to bill Medicaid for several months, claiming she was providing services to her mother-in-law after she was admitted to skilled nursing facility.

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Attorney General McKenna announced on October 29 that Sandra L. Gillihan pleaded guilty to one count of Theft in the First Degree, ten counts of Money Laundering and three counts of Medicaid False Statement and was sentenced as a first time offender to serve 90 days of

incarceration, 12 months of probation and ordered to make restitution in the amount of \$33,309 to the Medicaid program.

Investigator Beverly Maddox conducted the investigation for the Washington State MFCU. She found that Gillihan had contracted with the Medicaid program to provide in-home personal and respite care services for Medicaid clients with developmental disabilities. In order to receive payment under this program, Gillihan was to submit the number of hours she provided care through Invoice Express, a telephonic invoice system, on a monthly basis.

According to Dawn Cortez, Director of the Washington State MFCU, Gillihan billed for services that she did not provide to eight children with disabilities. Gillihan also schemed with the mother of four of those children to increase the number of authorized hours of service, bill for services never provided, and split the money that she received for the false billings.

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Attorney General McKenna announced on December 17 that Ellen Mary Spease pleaded guilty to one count of Theft in the First Degree, three counts of Health Care False Statement and three counts of Forgery and was sentenced as a first time offender to serve 30 days of incarceration, 12 months probation and to make restitution in the amount of \$3,968 to the Medicaid program.

Investigator Larry Carlier conducted the investigation for the Washington State MFCU. He found that Spease had contracted with the Medicaid program to provide in-home personal and respite care services for a Medicaid client. In order to receive payment under this program, Spease was to submit the number of hours she provided care through Invoice Express, a telephonic invoice system, on a monthly basis.

According to Dawn Cortez, Director of the Washington State MFCU, Spease continued to bill Medicaid claiming she was providing services to the Medicaid client for three months while she was not providing any care for the individual.

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Attorney General McKenna announced on December 18 that Terry Lynn Garvin pleaded guilty to three counts of Theft in the First Degree and five counts of Health Care False Statement and was sentenced to serve 25 months of incarceration, 12 months of probation and ordered to make restitution in the amount of \$99,433 to the Medicaid program.

Investigator Gary McDonald completed the investigation for the Washington State MFCU. He found that Terry Garvin had contracted with the Medicaid program to provide in-home personal and respite care services for a Medicaid client. In order to receive payment under this program, Terry Garvin was to submit the number of hours she provided care through Invoice Express, a telephonic invoice system, on a monthly basis.

According to Dawn Cortez, Director of the Washington State MFCU, Garvin billed Medicaid claiming she was providing services to the Medicaid client for approximately twenty-seven months when in fact she did not provide any services.

For further information on these cases contact Ms. Cortez, Director (360) 586-8888.

Nurses: New Hampshire

Attorney General Kelly A. Ayotte announced on December 20 that a grand jury indicted Stephanie Wood, a licensed practical nurse, for the felony offense of unlawfully possessing a controlled drug. While working as a licensed practical nurse at the Good Shepherd Nursing Center, Wood diverted for her own use at least eleven narcotic pills that were prescribed for a resident at the facility, according to the indictment.

In addition, Wood was charged with attempted abuse of a facility resident, a class A misdemeanor offense. When Wood diverted the resident's narcotic pain medication, it is alleged that she tampered with the resident's prescribed medicine by replacing the narcotic pills with over-the-counter pain relievers that were not prescribed for the resident.

For further information contact Senior Assistant Attorney Jeffrey S. Cahill or Assistant Attorney General Philip Bradley (603) 271-1246.

Nursing Homes: Oregon

Attorney General Myers announced on November 19 that Coreen Savage was convicted of ten felony counts including six counts of Theft in the First Degree and four counts of Forgery in the First Degree. Savage was sentenced to 20 months of prison and ordered that she pay the full restitution of \$122,412.30. As part of the plea agreement she will turn herself in to the Corrections Department on November 26, with her first payment of \$26,000. Savage worked at a nursing facility as a business office manager. She embezzled \$122,412.30 in a 13 month time period from the facility which is owned by Avamere Corporation and used the funds to feed her gambling addiction.

For further information contact Senior Assistant Attorney General Sheen Y. Wu (971) 673-1880.

Patient Abuse: District of Columbia

The District of Columbia Medicaid Fraud Control Unit announced on December 21 that Cassandra Hargrove, a former employee of a care facility for persons with developmental disabilities, has been sentenced for criminal abuse of a resident of that facility.

Hargrove, also known as Cassandra Andrews, was found guilty of criminal abuse of a vulnerable adult and sentenced on December 20. Hargrove was sentenced to 180 days in prison,

with all but 90 days suspended, and three years of probation. Hargrove also was ordered to stay away from the intermediate care facility and the government's witnesses, to refrain from working with any vulnerable population, and to pay \$50 towards the Victims of Violent Crime Compensation Fund.

According to the trial testimony, on May 31, the victim was a resident of a group home. On that day, the defendant and victim were left alone while the other residents and workers went out for the evening. Prior to leaving, co-workers observed the victim, who had no injuries or bruises. The following day, the victim told multiple caregivers that Hargrove hurt her. The victim had several bruises on her arms and neck. The defendant admitted to an investigator that she got into a fight with the victim. This is her second conviction for Criminal Abuse of a Vulnerable Adult.

For further information contact Jacqueline N. Schesnol, Deputy Director (202) 727-2245.

Patient Abuse: Florida

Attorney General McCollum announced on December 7 the arrest of Shirley Poole, who was accused of repeatedly striking a resident in an assisted living facility. She will be charged with abusing a disabled adult, a third-degree felony that carries a five-year prison sentence if convicted.

Poole is an employee of O'Carroll Homes, an assisted living facility. The Medicaid Fraud Control Unit investigated allegations that Poole struck a disabled resident of the facility twice in the head while taking the resident back to her room. The resident suffers from mental disabilities and cerebral palsy. The incident was observed by another employee of O'Carroll Homes and was immediately reported to Poole's supervisor. Poole was immediately suspended and authorities were notified.

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Attorney General McCollum announced on December 21 the arrest of Kasandra Lynch on charges that she exploited an elderly resident of an assisted living facility. She was arrested by law enforcement officers with the Medicaid Fraud Control Unit. Authorities believe that Lynch, a certified nursing assistant, stole money from the elderly victim's handbag.

The investigation revealed that Lynch, who was employed at Grand Court Village Assisted Living Facility, removed cash from the elderly victim's handbag without the victim's permission. When the victim inquired why Lynch was looking inside her handbag, Lynch replied with a retort about the resident not taking her medicine properly. Shortly thereafter, the victim looked for the cash that had been in her wallet, discovered it was missing and reported the theft to authorities and staff at the facility.

For further information on both cases contact Rick Lober, Director (850) 595-6057.

Patient Abuse: Texas

Attorney General Abbot announced on November 8 that Sigifredo Flores, a licensed professional counselor, was sentenced to 27 years in prison for sexually assaulting patients in his care. An investigation by the Medicaid Fraud Control Unit revealed that Flores sexually abused two children and two adults during counseling sessions. Flores was convicted of 11 counts of sexual assault and two counts of sexual contact, all second-degree felonies. He also was fined \$125,000.

The Texas Department of Family and Protective Services referred the case to the MFCU in June 2005 after allegations surfaced indicating that Flores was sexually abusing patients. During witness interviews, MFCU investigators, along with the Texas Health and Human Services Commission (HHSC) and the HHSC Office of Inspector General, learned that Flores had sexually assaulted two adults and two children who depended on him for mental health care. MFCU investigators arrested Flores in August 2006.

In December 2006, a grand jury returned multiple indictments against Flores, including one count of theft over \$20,000, a second-degree felony for which Flores will stand trial at a later date. According to MFCU investigators, Flores fraudulently billed Medicaid from June 2004 to June 2005 for one-hour individual counseling sessions. Investigators allege that Flores' sessions lasted only 15 minutes and often included three or four patients at a time.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossom (512) 371-4700.

Patient Neglect: Florida

Attorney General McCollum announced on December 20 that Jennifer Cason was arrested on charges that she neglected at least two elderly adults under her care. Cason, owner and administrator of adult care facilities, Angel Heart Adult Care, Inc. and Angel Heart Manor, will be charged with two counts of neglect and could face up to ten years in prison if convicted.

The investigation was initiated after the Medicaid Fraud Control Unit conducted spot checks at Angel Heart Adult Care, Inc. and Angel Heart Manor, both licensed assisted living facilities. Investigators conducting the spot check noted that one resident under Cason's care appeared emaciated and, according to facility records, had been ill for at least three days and not received any medical treatment. A second resident had open wounds on her leg and shoulder and no medical treatment was on record. Both residents were transported by ambulance to an area hospital at the urging of the Attorney General's investigators.

Cason has been charged with two counts of neglect of an elderly person or disabled adult, a third-degree felony.

For further information contact Rick Lober, Director (850) 595-6057.

Patient Neglect: Maryland

Attorney General Gansler announced on November 19 that a former caregiver at the Center for Social Change, Obioma James Ezeocha, was charged with two counts of neglect of a vulnerable adult for leaving two developmentally disabled men who were in his care alone and unattended. The Center for Social Change is a private nonprofit organization that provides community residential support services to individuals with developmental disabilities.

In March, Ezeocha was paid to provide awake overnight care to the two victims in their group home located at Chippenham Place. During the time period that he was supposed to be providing those services, Ezeocha was charged with driving under the influence. Ezeocha pleaded guilty to those charges on August 22 and was sentenced to one year in prison with all but 11 days suspended and two years supervised probation.

For further information contact Michael Travieso, Director (410) 576-6529.

Patient Trust Funds: Florida

Attorney General McCollum announced on December 20 that the Medicaid Fraud Control Unit arrested a man on charges stemming from a Minnesota elder exploitation case. George Spires, Jr. was wanted on a Minnesota felony warrant for allegedly defrauding his elderly father out of more than \$144,000. The arrest was made by the Florida Medicaid Fraud Control Unit after receiving a request for assistance from the Minnesota State Attorney General's Office.

Spires allegedly took control of his father's assets and diverted more than \$144,000 from his father. The diversion of the funds required the elderly Minnesota resident to seek Medicaid assistance from the State of Minnesota. The felony warrant from Minnesota was issued in September by Minnesota's Medicaid Fraud Control Unit, charged Spires with ten counts of theft by swindle and financial exploitation of a vulnerable adult.

Investigators with Attorney General McCollum's Medicaid Fraud Control Unit were able to locate Spires in Fort Lauderdale within hours of the request from Minnesota authorities.

For further information contact Rick Lober, Director (850) 595-6057.

Patient Trust Funds: New Hampshire

Attorney General Ayotte announced on December 5 that Candy Latour was sentenced by to serve nine months in the House of Corrections for stealing \$75,000 of her mother's money while her mother resided in a nursing home.

The case was initiated when the nursing facility reported suspected exploitation based on the defendant's failure to pay for her mother's care for an extended period of time. An investigation revealed that the defendant had control over proceeds from the sale of the victim's house, as well as

access to the victim's bank account, and had diverted the funds to her own use. The defendant pleaded guilty to two theft charges, and made partial restitution prior to sentencing.

For further information contact Assistant Attorney General Philip B. Bradley (603) 271-1246.

Patient Trust Funds: Oregon

Attorney General Myers announced on October 19 that Rane Osburne was convicted and sentenced on one count of Theft in the First Degree and one count of Criminal Mistreatment in the First Degree. Osburne was the Program Manager for Rainbow Adult Living group homes for developmentally disabled individuals. Osburne stole a total of \$4,542.70 from three clients in that home and another \$718 from her employment at a nursing home. Osburne was ordered to serve 30 days of jail; 480 hours of community; three years of probation; pay full restitution; not be employed in any capacity paid with Medicaid or Medicare dollars; and not be employed in any capacity in which she has access to elderly or dependent persons.

For further information contact Assistant Attorney General Sheen Y. Wu (971) 673-1880.

Patient Trust Funds: South Carolina

Attorney General McMaster announced on November 15 that James M. Williams, III was convicted of Exploitation of a Vulnerable Adult. During the period of July 2002 and continuing until on or about April 2007, Williams committed the offense of Exploitation of a Vulnerable Adult.

Williams made unlawful, unauthorized, or improper use of the funds, assets, property or power of attorney of a vulnerable adult for the benefit of Williams or another person. At all times relevant the resident was in excess of 90 years of age and was a vulnerable adult under South Carolina law. The vulnerable adult was a resident of Clemson Downs, a multi-level, adult care facility located. Clemson Downs is a private pay facility.

Williams was sentenced to 18 months house arrest. Also, he paid restitution in the amount of \$545,000 prior to the guilty plea. Additionally, he paid investigative costs and court costs of \$128.75.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Senior Assistant Attorney General William K. Moore or Special Investigator Tom Quin (803) 734-3660.

Personal Care Assistants: Florida

Attorney General McCollum announced on December 21 that a caregiver was arrested and charged with abusing a disabled woman while taking the woman on an errand. Kimberly Pleasant was taken into custody by authorities with the Medicaid Fraud Control Unit with assistance from the

Sheriff's Office. The arrest warrant cited observations from an eyewitness which was corroborated by physical evidence.

An eyewitness informed investigators with the Medicaid Fraud Control Unit that the incident took place in a bank parking lot. The witness confirmed that she saw Pleasant strike the victim, who suffers from cerebral palsy. The incident occurred while Pleasant was attempting to remove the victim from a van. Pleasant became irritated when the victim started moving and when the victim did not heed the instructions to stop, Pleasant slapped the woman and pushed her with enough power to rock the entire van backward. The eyewitness reported the incident to the authorities.

For further information contact Rick Lober, Director (850) 595-6057.

Pharmacies: South Carolina

Attorney General McMaster announced on November 5 that Thomas Wingard, Jr. was convicted of one count of Filing False Claims. On or about May 15, 2006, Wingard, owner and operator of Wingard's Pharmacy, caused a false claim to be filed with the South Carolina Medicaid Program. Wingard filed a false claim with the South Carolina Medicaid Program, which claim was false as to a material fact in that the services for which the claim was filed had not been provided to a Medicaid recipient.

Wingard was sentenced to three years suspended. Court costs of \$128.75, restitution of \$60,000, civil penalties of \$120,000 were paid prior to the guilty plea.

For further information, contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General T. Scott Beck, Chief Investigator Harry Bracy or Special Investigator Kyle Mitchum (803) 734-3660.

Physical Therapists: South Carolina

Attorney General McMaster announced on November 5 that Darius C. Bridges was convicted of one count of Filing False Claims. On or about January 3, 2005, and continuing until on or about January 31, 2005, Bridges, while employed as a physical therapy assistant at Carolina Pines Regional Medical Center, caused a false claim to be filed with the South Carolina Medicaid Program. Bridges was sentenced to three years, suspended to three years probation, with restitution in the amount of \$15,158.72. Probation to be cancelled upon payment of the restitution.

For further information, contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General Sara Trickey, Chief Investigator Harry Bracy or Special Investigator Kyle Mitchum (803) 734-3660.

Physicians: Florida

Attorney General McCollum announced on December 13 the arrest of a physician for defrauding the Medicaid program out of more than \$65,000. Dr. Jose Joaquin Rodriguez, a pediatrician, was arrested by law enforcement investigators with the Medicaid Fraud Control Unit and will be charged with organized theft and grand fraud.

During the course of the Medicaid Fraud Control Unit's investigation, an analysis of billing claims for a two-year period revealed that Rodriguez was often billing in excess of 24 hours per day and on some days billed as many as 44 hours. The analysis also showed that Rodriguez billed for Sunday office visits even though his office was closed on Sundays. Interviews with Medicaid recipients and further investigations confirmed that Rodriguez often failed to provide the services billed to Medicaid.

Rodriguez is charged with one count of organized fraud, a first-degree felony, and one count of grand theft, a second-degree felony.

For further information contact Rick Lober, Director (850) 595-6057.

Physicians: Kentucky

Attorney General Stumbo announced on November 20 the indictment and arrest of Dr. Hamid Hussain Sheikh, a physician. According to the indictment, Sheikh committed fraud by performing abortions and disguising patient visits as fetal ultrasounds for normal pregnancies, which he billed to Medicaid.

A grand jury returned a sealed four count indictment on November 14. In addition to false Medicaid billings, the indictment alleges that Sheikh was paid twice for the procedures, accepting payment from Medicaid and from his patients. According to the indictment, Sheikh has engaged in the scheme continuously since 2004.

Attorney General Stumbo credited his new program called the Fraud Investigation Support Team (FIST) with discovering the illegal abortion activities. FIST is composed of a Medicaid fraud work group trained in data claims and computer forensics to efficiently and effectively review allegations of fraud.

The investigation began with FIST reviewing Medicaid claims data to identify Medicaid patients seen by Dr. Sheikh. FIST personnel recognized prescriptions that made up a "three drug cocktail" that would typically be prescribed after an abortion. As a result, this led the team to uncover the potential fraudulent claims.

For further information contact Assistant Attorneys General Jennifer Wintergerst or Jesse Robbins or Agent Keith Howard (502) 696-5405.

Physicians: Ohio

Attorney General Dann announced on November 27 that Scott Lindsay was sentenced to 30 days in prison, six months of house arrest, two years of probation, and ordered to pay restitution in the amount of \$120,000. On July 24, a bill of information was filed in federal court which accused Lindsay of one count of Health Care Fraud. On August 24, Lindsay entered a plea of guilty to one count of Health Care Fraud.

Lindsay had been suspended from both Medicare and Medicaid and continued to bill for services using the provider number of another doctor.

For further information contact Senior Assistant Attorney General Constance Nearhood (614) 466-0722.

Social Workers: Arizona

Attorney General Goddard announced on November 15 the sentencing of Lori Deen, social worker director. Deen was sentenced in court after pleading guilty to Forgery. She was sentenced to two years probation and restitution to the elderly victim in the amount of \$4,375.00. The Court also ordered that Lori Deen should not be employed as a care giver or nursing assistant.

Between February 2004 through April 2006, Deen, while working at La Colina Care Center, engaged in financial exploitation of a patient. Deen also fraudulently represented herself in order to obtain employment at La Colina Care Center. As a result, the state alleged that during her employment she obtained approximately \$100,000 in salary and fraudulently obtained funds in excess of \$3,000 from a patient there at the time by negotiating a check belonging to an elderly resident at La Colina Care Center.

For further information contact Assistant Attorney Steven Duplissis, Director (602) 542-3881.

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