



**National Association
of Attorneys General**

MEDICAID FRAUD REPORT

November/December 2004

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Oregon Reaches Settlement On Billing of Free Drug Samples

On November 9, 2004 Attorney General Hardy Myers announced a settlement with G. Craig Kiser, M.D., a physician specializing in urology. In a Complaint filed in United States District Court under the Federal False Clams Act, Dr. Kiser was accused of improperly billing federally funded health care programs, specifically Medicare and Medicaid, for drugs received as free samples from the manufacturer. Under the terms of the settlement filed with the complaint, Dr. Kiser, while denying the specifics of the allegations, agreed to enter into a Compliance Program and will pay restitution, fines and penalties up to \$213,198.40 to resolve the matter.

This case arose out of the landmark settlement reached between the United States Department of Justice, the Oregon Department of Justice Medicaid Fraud Control Unit (MFCU) and TAP Pharmaceuticals, over TAP's marketing of the drug Lupron. Lupron is used largely to treat prostate cancer. In the earlier case, TAP was accused of unlawful marketing of Lupron, including providing free samples of Lupron to physicians while encouraging the physicians to submit claims to federally funded health care programs for the product. It is unlawful for any Medicaid or Medicare provider to bill either Program for products the provider receives at no cost. As part of its settlement with the Oregon MFCU, TAP was required to provide the MFCU a list of all Oregon physicians who received free samples of Lupron from TAP representatives. An examination of that list showed a major spike in the number of free samples delivered by TAP to Dr. Kiser over a several month period.

Further investigation by the Department of Health and Human Services, Office of Inspector General (HHS-OIG) and the MFCU established that Dr. Kiser's office had indeed billed federal health care programs for the cost of 23 doses of Lupron that Kiser had received as free samples from TAP. It should be noted that prior to entering the settlement with the state and federal governments,

Dr. Kiser voluntarily repaid the \$10,349.20 he had received in payment on those 23 claims, and he received credit for that restitution as part of the settlement. But under the Federal False Claims Act, a health care provider is liable for treble the actual damages and a penalty of upwards of \$11,000/per false or fraudulent claim submitted.

The settlement was jointly negotiated by Assistant United States Attorney Robert Nesler and Special Assistant United States Attorney Ellyn Sternfield of the Oregon MFCU. As long as he follows the terms of the affirmative terms of the settlement, Dr. Kiser will be allowed to continue to participate as a provider of Medicaid and Medicare funded services.

The Compliance Agreement requires, among other things, that Dr. Kiser have written policies in his office governing the receipt, storage, use, inventory and financial disposition of drug samples, and that all employees be trained on such procedures.

For further information contact Ms. Sternfield (503) 229-5725 ext. 241.

CASES

Adult Day Care Centers: South Carolina

Attorney General Henry McMaster announced on December 15 that Amouel Brackett, Chief Executive Officer of St. Paul Adult Daycare Center, was convicted of filing false claims. On or about March 21, 2003, Brackett caused a false claim to be filed with the South Carolina Medicaid program. The services for which the claim was filed had not been provided.

Brackett was sentenced by the Honorable L. Casey Manning to three years, \$1,000, suspended and court costs. Brackett was ordered to pay \$2,500 in restitution to the South Carolina Department of Health and Services and investigative costs in the matter.

For further information contact Deputy Assistant Attorney General Charles W. Gambrell (803) 734-3600.

Chiropractors: Ohio

Attorney General Jim Petro announced on December 3 that Robert Fantasia, a chiropractor, was indicted on October 12 on one count of Medicaid fraud and pleaded guilty on December 3 to one count of Medicaid fraud, a felony of the fifth degree.

Fantasia submitted bills to Medicaid for services not rendered. Fantasia was sentenced to one year of community control with basic supervision and ordered to pay \$13,208.09 in restitution to Medicaid, which was paid in full on December 1.

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

Counselors: Texas

Attorney General Greg Abbott announced on November 9 that Leonard Crenshaw a licensed professional counselor, was arrested at his residence by Medicaid Fraud Control Unit investigators. Crenshaw was indicted on June 17 by a Nueces County Grand Jury in connection with allegations that Crenshaw obtained his license by fraud, and billed Medicaid for individual counseling sessions he did not perform.

The investigation found that Crenshaw had billed Medicaid \$33,841 for counseling when he was actually providing after school homework sessions for children. On one occasion he billed Medicaid \$600 for counseling sessions when he was physically in Austin, Texas, attending a license revocation hearing. Because Crenshaw obtained his license by fraud, his entire billing to Medicaid was deemed to be fraudulent. The total overpayments identified were \$477,420.

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Attorney General Abbott announced that December 17 Thuy P. Huynh, a licensed professional counselor appeared in the 183rd District Court and entered a plea of guilty to theft.

Huynh was indicted on August 11 by a Harris County Grand Jury on one count of theft and one count of tampering with a governmental record. Investigators determined that Huynh fraudulently billed Medicaid for \$80,108.80 for counseling services that she did not provide.

Huynh was sentenced to 90 days in jail, ten years probation, and a \$1000 fine. In addition, Huynh was ordered to pay \$80,108 in restitution and ordered to perform 800 hours of community service.

For further information on these cases contact Rick Copeland, Director, Medicaid Fraud Control Unit or Chief Investigator Monte Smith (512) 463 2011.

Drug Diversion: Florida

Attorney General Charlie Crist announced on December 7 the indictment and arrest of Armondo J. Solis, a physician accused of illegally distributing Oxycontin and other controlled substances to Medicaid patients.

A federal grand jury unsealed a 15 count indictment charging Solis with one count of conspiring to defraud the federal government in its administration of Medicaid, one count of conspiring to distribute controlled substances and 13 counts of distributing controlled substances. Harold Fox, Solis' medical assistant, is charged in both conspiracies and 11 of the 13 distribution counts.

According to the indictment, Solis and Fox conspired to prepare and issue prescriptions for controlled substances to Medicaid patients without properly determining the medical necessity for the prescriptions. In three incidents, Solis allegedly signed prescriptions for Oxycontin and other controlled substances for several patients without examining the individuals. The indictment charges that Solis and Fox told one patient to deny having accepted controlled substances for other patients if questioned by investigators.

An investigation by the Medicaid Fraud Control Unit showed that Solis is Florida's leading prescriber of Oxycontin for Medicaid patients. In the past two years, more than \$9.8 million in Medicaid drug costs have been subscribed using Solis' license number, with more than \$925,000 of that for Oxycontin prescriptions.

If convicted of the drug distribution conspiracy charge, Solis and Fox each faces a maximum of 20 years in prison. Each drug distribution charge carries a maximum punishment of either three or 20 years in prison, depending on the controlled substance that was distributed. If convicted of the fraud conspiracy charge, each defendant faces a five year prison sentence.

For further information contact Assistant Attorney General Ivonne Fleitas (305) 513 3200.

Drug Diversion: Texas

Attorney General Abbott announced that on December 15 that Christina Belle Tucker, a Licensed Vocational Nurse, entered a guilty plea to the charge of fraudulent possession of a controlled substance. Tucker was sentenced to two years, deferred adjudication, 120 hours of community service, a \$500 fine and \$200 court costs by the Grayson County 336th Judicial District Court.

Tucker diverted pain relieving and anti anxiety medications from several residents of Texoma Specialty Care. Tucker had stored the medications away with the intent of taking them with her at the end of her shift and forgot the medications, which were later found by other facility employees.

When Tucker returned to the facility to retrieve the drugs, she explained to several employees that she had diverted them for her sick mother. The Medicaid Fraud Control Unit investigation found that Tucker's mother was not ill as she had proclaimed and Tucker later confessed to taking the pills for her own personal use.

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Attorney General Abbott announced on December 10 that Joyce Dolan, a licensed vocational nurse, entered a guilty plea to two counts of possession of a dangerous drug. Dolan received a two year deferred adjudication with a probationary term of two years. Dolan was ordered to pay a \$200 fine.

Dolan who was employed at Southwest Nursing and Rehabilitation Center, admitted to diverting Hydrocodone tablets belonging to a resident. In her written statement, Dolan stated that after taking the Hydrocodone, she took the count sheet that was wrapped around the card to hide the fact that the narcotic was missing.

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Attorney General Abbott announced that on December 2 that the Smith County Grand Jury returned a ten count indictment against Delores Ann Davis, a licensed vocational nurse, for obtaining a controlled substance by fraud.

The indictment charges that between January and April 2004, Davis, who was employed at Colonial Tyler Care Center, diverted medications from 12 residents. The theft consisted of over 2,300 Hydrocodone tablets with an estimated value of approximately \$1,500.

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Attorney General Abbott announced on November 30 that the Lubbock County Grand Jury indicted Elizabeth Rangel Austin, a certified nurse's aide, for obtaining a controlled substance by fraud. Austin who was employed at Lakeside Rehabilitation and Care Center had been removing Duragesic patches, a pain relieving medication, from patients for her own personal use.

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Attorney General Abbott announced on November 17 that Charles Kindig, a licensed vocational nurse, entered a guilty plea to one third degree felony charge of possession of Hydrocodone, a controlled substance by fraud.

The case was based on an allegation that on December 31, 2003, Kindig was seen by the Director of Nurses of Southwest Nursing and Rehabilitation Center falsely documenting a narcotics log at approximately 3:30 p.m. A review of the narcotics log revealed that Kindig documented giving narcotics to residents at 4:00 p.m. and 9:00 p.m., yet it was just 3:30 p.m. An immediate audit of all narcotics assigned to Kindig was conducted, showing missing narcotics.

Kindig provided a voluntary written statement admitting that he falsified narcotic documentation to cover up that he stole an undetermined amount of Vicodin and/or Hydrocodone tablets from the facility. Kindig stated that he diverted the narcotics for his personal use or to give to friends.

Kindig received deferred adjudication with a probationary term of three years and ordered to pay a \$300 fine in the Tarrant County Criminal District Court Number Three.

For further information on these cases contact Rick Copeland, Director, Texas Medicaid Fraud Control Unit or Chief Investigator Monte Smith (512) 463 2011.

Drug Diversion: Vermont

Attorney General William Sorrell announced on December 30 that Anna Martin, a personal care attendant, pleaded guilty to two felony counts of obtaining regulated drugs by deceit. Martin received a deferred sentence and was placed on probation for four years with strict conditions. Martin may be sentenced for up to two years in jail if she violates any of her conditions of probation.

Martin had been employed as a personal caregiver for Washington County Mental Health but was fired when she was caught filling a developmentally disabled client's regulated drug prescriptions for her own use. Martin was originally charged with three counts of obtaining the regulated drugs but the third count was dismissed in exchange for Martin's guilty pleas.

Under the plea agreement, Martin's four year probationary period includes the conditions that she obtained mental health and drug counseling to the satisfaction of her probation officer and pay restitution to the Medicaid program. Martin was ordered to make a \$300 contribution to a drug treatment center, must not accept employment where regulated drugs are available and will be subject to random drug and alcohol testing. Martin will also attend a community restorative justice program, where further conditions such as community service and a letter of apology may be imposed.

Martin's pharmacy technician's license has been under summary suspension and more permanent action is expected, based on her recent guilty plea. In addition, Martin may be excluded from any programs involving Medicaid or Medicare for an undetermined length of time.

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Attorney General Sorrell announced on December 28 that Catherine Beam, a registered nurse, pleaded guilty to two counts of obtaining regulated drugs by deceit. Beam was sentenced in Brattleboro District Court on December 23 on charges stemming from her former employment at Brattleboro Memorial Hospital. Beam was charged with seven counts of obtaining regulated drugs, Oxycontin, by deceit through various methods. Beam would sometimes sign out doses of the medication for a patient that had already been discharged from the hospital. Oxycontin is a regulated analgesic drug used for pain control and is addictive.

Pursuant to a plea agreement, on the first count, Beam was sentenced to a highly restrictive probationary sentence which includes mental health and drug counseling to the satisfaction of her probation officer, restitution to the hospital, a \$500 contribution to a drug treatment center, no employment where drugs are used and random drug and alcohol testing.

On the second count, sentence was deferred for four years and will not be imposed unless Beam violates her probationary conditions. If probationary conditions are violated, Beam is subject to incarceration of 12 to 24 months. Also, Beam's nursing license has been under summary suspension by the nursing board and more permanent action is expected based on her recent sentence. In addition, the HHS Office of Inspector General will make a determination of how long Beam will not be able to be employed by any programs involving Medicaid or Medicare.

For further information on these cases contact Assistant Attorney General Jane Dimotsis (802) 241-4440.

Home Health Care Aides: Ohio

Attorney General Petro announced on November 4 that Theresa Johnson, a home health aide, pleaded guilty to one count of Medicaid fraud and one count theft, both felonies of the fourth degree. Johnson billed for services not rendered.

On November 8, Johnson was sentenced to six months in prison, suspended, five years community control, and ordered to serve 100 hours of community service for each charge.

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Attorney General Petro announced on October 18 that Iris Ward, a home health aide, pleaded guilty to one count of Medicaid fraud, a felony in the fifth degree.

Ward billed Medicaid for home health services not rendered and sub-contracted some hours to excluded individuals. Ward was sentenced on December 10 to five years community control with basic supervision and ordered to pay \$16,998 in restitution plus court costs.

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Attorney General Petro announced on November 29 that Ellis Martin, a home health aide, pleaded guilty to one count of Medicaid fraud, a felony of the fifth degree. Martin billed for services not rendered. He was sentenced to five years community control with basic supervision and ordered to pay \$9,768 in restitution.

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

Home Health Care Aides: Washington State

Attorney General Christine O. Gregoire announced on November 8 that Tracey L. Beauchene pleaded guilty to one count of Medicaid false statement and was sentenced to serve 30 days in jail, 12 months community supervision, and ordered to pay \$5,967.65 to the Medicaid program, and court costs of \$1,210.

Investigator Michael Bagley conducted the investigation for the Washington State MFCU. He found that Beauchene had contracted with the Medicaid program to provide in home personal care services for a patient under the Medicaid COPES Individual Personal Care program. In order to receive payment under this program Beauchene was to complete and submit monthly service invoice forms certifying the hours worked the preceding month.

According to David W. Waterbury, Director, Medicaid Fraud Control Unit, Beauchene continued to bill Medicaid claiming she was providing services to an individual for approximately six months after the patient's death. Beauchene received \$5,967.65 to which she was not entitled.

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Attorney General Gregoire announced on October 29 that Tina F. Leafa pleaded guilty to one count of Medicaid false statement and was sentenced to serve 30 days in jail, with 29 days converted to 232 hours of community service, ordered to pay \$3,266.66 in restitution to the Medicaid program and a victim assessment fee of \$500.

Investigator Gary McDonald conducted the investigation for the Washington State MFCU. He found that Leafa contracted with the Medicaid program to provide in home personal care services for a patient under the Medicaid COPES Individual Personal Care program. In order to receive payment under this program Leafa was to complete and submit monthly service invoice forms certifying the hours worked the preceding month.

According to David W. Waterbury, Director, Medicaid Fraud Control Unit, Leafa continued to bill Medicaid claiming she was providing services to an individual for approximately 3 months after the patient's death. Leafa received \$3,266.66 to which she was not entitled.

For further information on these cases contact Assistant Attorney General Tony Rugel (253) 593-2154.

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Attorney General Gregoire announced on October 15 that Dewayne Ondray Williams pleaded guilty to two counts of theft in the second degree and was sentenced to serve 30 days in jail, converted to 240 hours of community service, ordered to pay \$6,127.92 in restitution to the Medicaid program and a victim assessment fee of \$500.

Investigator Dan Levens conducted the investigation for the Washington State MFCU. He found that Williams contracted with the Medicaid program to provide in home personal care services for a patient under the Medicaid COPES Individual Personal Care program. In order to receive payment under this program Williams was to complete and submit monthly service invoice forms certifying the hours worked the preceding month.

According to David W. Waterbury, Director of the Washington State Medicaid Fraud Control Unit, Williams continued to bill Medicaid claiming he was providing services to an individual for approximately six months that he did not provide. Williams received \$6,127.92 to which he was not entitled.

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Attorney General Gregoire announced on December 16 that Kathleen Sue Cox pleaded guilty to one count of theft in the first degree. She was sentenced to serve 30 days in jail, and ordered to pay \$5,758 in restitution to the Medicaid program, court costs and victim assessment fees of \$1,803.

Investigator Gary McDonald who conducted the investigation for the Washington State MFCU found that Cox had contracted with the Medicaid program to provide in home personal care services for a patient under the Medicaid COPES Individual Personal Care program. In order to receive payment under this program, Cox was to complete and submit monthly service invoice forms certifying the hours worked the preceding month. Cox continued to bill Medicaid claiming she was providing services to an individual for approximately four months after they were hospitalized and received \$5,758 to which she was not entitled.

For further information contact Assistant Attorney General Greg Weber (253) 593 2154.
Medical Transportation: Wisconsin

Attorney General Peg Lautenschlager announced on November 5 that Arthur Campbell was convicted of Medicaid fraud and failure to file corporate tax returns, and his company was convicted

of Medicaid fraud. Campbell pleaded guilty to three felony counts of Medicaid fraud and one misdemeanor count of failure to file corporate tax returns.

According to the Department of Justice's criminal complaint, Campbell owned Nina Transport which provides transportation services to Medicaid recipients. The complaint alleged between March 1996 and April 2002, Campbell billed the Medicaid program for transportation services that had not been provided and provided services to people capable of driving themselves or taking public transportation, making them ineligible for SMV services. Campbell continued to engage in these billing practices even after an audit by the Bureau of Health Care Program Integrity resulted in the recoupment of \$131,026 in fraudulent billings.

Campbell's company was convicted of 26 counts of felony Medicaid fraud and the corporation faces a maximum penalty of fines totaling \$650,000. Campbell faces up to 16 years, nine months in prison and a fine of \$85,000.

For further information contact Assistant Attorney General William Hanrahan (608) 266-1221.

Nurse Aides: Massachusetts

Attorney General Tom Reilly announced on December 1 that Bernadette Stackpole, a certified nursing assistant, was indicted on charges she allegedly physically abused four elderly patients at the Franklin Skilled Nursing Home and Rehabilitation Center. Stackpole faces two counts of indecent assault and battery, three counts of assault and battery and five counts of patient abuse.

The charges follow an investigation by the Medicaid Fraud Control Unit (MFCU) into alleged abuse that occurred at Franklin Skilled Nursing and Rehabilitation Center (Franklin Skilled) between February 2003 and April 2004. Stackpole was employed at the nursing home from September 1989 until May 2004. She primarily worked on a unit that was home to elderly residents with dementia and Alzheimer's disease.

The indictments alleged that in five incidents over several months, Stackpole physically and emotionally abused four elderly residents who had dementia. These residents were aged 75-, 78-, 86- and 105-years old at the time. In five separate incidents, witnessed by seven different co workers, Stackpole allegedly punched, slapped, improperly touched or emotionally abused four patients.

Franklin Skilled Staff first reported the abuse to Franklin Skilled administrators, who referred the matter to the Department of Public Health (DPH) and Attorney General Reilly's Office. During the investigation several certified nursing assistants came forward and described incidents they had witnessed. The Department of Public Health conducted an independent investigation of the reported incidents of abuse involving Stackpole and found the reports to be valid allegations. Franklin Skilled officials fired Stackpole on May 5.

The Medicaid Fraud Control Unit continues to investigate whether Franklin Skilled has proper mechanisms in place to identify cases of resident abuse. Franklin Skilled officials continue to cooperate with the investigation.

If convicted, Stackpole faces up to five years in state prison on each count of indecent assault and battery, up to two and a half years in jail and up to \$1,000 in fines. She faces up to two years in jail and up to \$5,000 in fines on each count of patient abuse.

All certified nursing assistants must be registered with DPH and prospective employers must check the Massachusetts Certified Nursing Assistants Registry to verify that they are in good standing. In May 2004, Stackpole's status on the Nursing Assistant Registry was changed to special circumstances. As a result, a prospective employer inquiring about Stackpole's status with the Registry is now directed to call the agency for further explanation. Stackpole has requested a public hearing to contest the decision.

Attorney General Reilly proposed legislation, which would hold nursing home supervisors responsible when they take actions to either cover up abuse and neglect or fail to adequately address those instances that have been brought to their attention. The measure would also increase the penalties when the victim of abuse is an elderly or disabled person and would upgrade the charge from a misdemeanor to a felony. The proposed legislation would also allow criminal prosecution of supervisors and other caretakers who recklessly permit another to abuse or neglect an elder or disabled person in their care.

For further information contact Assistant Attorney General Bruce F. Anderson (617) 727-2200.

Nurse Aides: Minnesota

Attorney General Mike Hatch announced on December 20 that Katie Jo Gargano, a registered nursing assistant at a nursing home, pleaded guilty to disorderly conduct by a caregiver. Gargano verbally abused two residents and other staff members.

Gargano was sentenced to one year in jail and ordered to pay a \$3,000 fine, both stayed for one year. Gargano was placed on probation for 24 months and was sentenced to 20 days in a service program. In addition, Gargano was ordered to have no contact with the victim and is not to be employed with vulnerable adults.

For further information, contact Assistant Attorney General David Loeffler (651) 296 8428.

Nurses: Arizona

Attorney General Terry Goddard announced on November 18 that the Arizona State Grand Jury indicted Maribel Ann Gonzales on one count of fraudulent schemes & artifices, a class two

felony; three counts of forgery, class four felonies, and two counts of unlawful practice or representation of nursing, class six felonies.

Between May 2002 and November 2003, it was alleged that the suspect posed as a licensed practical nurse and worked for three employers Desert Terrace Nursing Center, Great Dane Nursing Registry and Arizona Medical Exchange when, in fact, she was not an licensed practical nurse. Desert Terrace is a nursing home and Great Dane Nursing Registry and Arizona Medical Exchange are agencies which provide nursing staff. It was also alleged that Gonzales presented a forged licensed practical nurse's certification card in order to obtain employment.

For further information contact Pam Svoboda, Director, MFCU (602) 542-3881.

Nurses: Kentucky

Attorney General Greg Stumbo announced on December 17, the indictment and arrest of Tammy Shumate, a licensed practical nurse, for seven counts of stealing drugs prescribed for residents at the Northfield Centre for Health & Rehabilitation in Louisville. Shumate was a caretaker at the facility when the theft was discovered and her employment at the facility has since been terminated.

Working closely with Northfield Centre's own staff, the investigation by the Medicaid Fraud Control Unit disclosed that on October 11, Shumate took seven different medications prescribed for residents. Following the return of the indictment by Jefferson Circuit Court, Shumate was arrested at her home. If convicted, Shumate faces up to five years in prison on each of the seven counts charged.

For further information contact Assistant Attorney General Connie Malone (502) 696-5300.

Nurses: Mississippi

Attorney General Hood announced on November 12 that Gladys Sims, a licensed practical nurse, pleaded guilty to three counts of Medicaid fraud in Hinds County Circuit Court. Sims was enrolled as a provider in the Medicaid Home and Community Based Services waiver program. Sims submitted claims to Medicaid for respite services and misrepresented the actual number of units of service she rendered to a Medicaid recipient.

Sims was sentenced to two years in the custody of the Department of Corrections with two years suspended, two years of probation and ordered to pay \$13,986 in restitution to the Mississippi Division of Medicaid.

For further information contact Kenny O'Neal, Director, Medicaid Fraud Control Unit (601) 359-4220.

Nurses: Ohio

Attorney General Petro announced on December 9 that Terri Edwards, an independent provider, pleaded guilty to one count of Medicaid fraud, a felony of the fourth degree. On December 14 Edwards' attorney filed an entry granting intervention in lieu of conviction. No ruling has been made.

Edwards was indicted on one count of Medicaid fraud, a felony of the fourth degree. Terri Edwards billed for nursing services that were not rendered.

For further information on these cases contact Assistant Attorney General Constance Nearhood (614) 466 0722.

Optometrists: Florida

Attorney General Crist announced on November 16 the arrest of Lorry Rubenstein, an optometrist, on charges that he falsified claims to the Florida Medicaid program. Rubenstein was charged with one count of grand theft, a third degree felony punishable by up to five years in prison and a \$5,000 fine.

Investigators determined that Rubenstein billed an additional service date for each legitimate claim, indicating that as many as half of his Medicaid billings could be fraudulent. Records show that from January 2002 to the present, Rubenstein billed the Medicaid program for more than \$490,000.

The arrest follows an investigation into the billing practices of Rubenstein, a licensed optometrist and owner of EMA Eyewear, Inc. The investigation, by the Medicaid Fraud Control Unit, showed Rubenstein was billing an average of more than \$1,000 per patient, with all his patients reported as having the same or similar diagnoses. A review of Medicaid billing records revealed Rubenstein was double-billing the Florida Medicaid program for duplicate eyeglasses he was not providing to his patients.

The state Agency for Health Care Administration (AHCA) conducted a preliminary audit of Rubenstein's Medicaid claims, uncovering overpayments totaling approximately \$12,500 in Medicaid claims that were actually paid. The Agency for Health Care Administration found a consistent pattern of Rubenstein re-billing for the same services on subsequent dates, a consistent pattern of billing for a particular diagnostic procedure known as extended ophthalmoscopy, and the concurrent billing of metal and plastic eyeglass frames.

Medicaid fraud investigators visited Rubenstein's eye clinic posing as Medicaid recipients. Subsequent Medicaid billings for the undercover investigators revealed that Rubenstein submitted duplicate eyeglass claims.

For further information contact Assistant Attorney General Rochelle Brahm (954) 712-4600.

Optometrists: Ohio

Attorney General Petro announced on December 6 that Richard Kattouf was indicted on one count of Medicaid fraud, a felony of the fifth degree. Kattouf billed for two office visits when there was only one office visit for Medicaid patients.

Kattouf was sentenced to six months of community control with basic supervision. Kattouf paid in full \$14,754 in restitution to the Ohio Department of Job and Family Services at the time of sentencing.

For further information contact Assistant Attorney General Jordan Finegold (614) 466 0722.

Patient Abuse: Alabama

Attorney General Troy King announced on November 15 that Regina Joyce Shanes, a certified nursing assistant, was convicted on a charge that she physically abused an elderly resident of Sunbridge Care and Rehabilitation while she was employed at that facility.

Shanes was found guilty in District Court before Judge George Carpenter in Tuscumbia. She was convicted of reckless abuse of a protected person, a class A misdemeanor and sentenced to ten days imprisonment, which was suspended, and placed on one year of probation under the condition that she commit no further offenses and ordered to pay a fine of \$100 plus court costs and \$25 to the Crime Victims Compensation fund.

According to the warrant brought by an investigator of the Medicaid Fraud Control Unit, Shanes jerked the patient by her right arm and caused a four inch skin tear. Shanes then failed to provide any care or alert anyone else to take care of the injury and the patient was afraid to call for assistance until Shanes had left the nursing home. The victim is an 83-year-old woman who is a patient at the nursing home. Shanes was subsequently terminated from her position at the facility.

For further information Bruce Lieberman, Director, MFCU or Special Agent Gerald G. Shockley (334) 353-8793.

Patient Abuse: Mississippi

Attorney General Hood announced on December 8 that Jimmy Breakfield, a personal care home owner, pleaded guilty to one count misdemeanor abuse in the Circuit Court of Marion County. Breakfield was indicted for felonious abuse of three residents of Star B Rest Home but pleaded guilty to a lesser charge. Breakfield failed to prevent one of his employees from striking a resident.

Breakfield was sentenced to 60 days in jail, 60 days suspended, 12 months probation and ordered to pay a \$500 fine plus \$272 in court costs.

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Attorney General Hood announced on December 7 that Charlotte Coleman, a cook/laundry worker pleaded guilty in Marion County Circuit Court to count two of an indictment. Coleman hit the residents with a belt.

On December 17 Coleman was sentenced on one count of felonious abuse of a vulnerable adult. Coleman received a ten year sentence with eight years suspended, two years of house arrest, five years post release supervision, ordered to pay a \$2,000 fine, and to reimburse \$1500 to the Marion County Public Defenders Fund plus \$271 in court costs.

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Attorney General Hood announced November 8 that Ada Smith, a certified nurse aide, was found guilty in Neshoba County Circuit Court of one count felony abuse. Smith hit an 84-year-old resident of Neshoba County Nursing Home with a wet towel, striking her in the eye, causing redness.

Smith was sentenced to five years in jail, two years suspended, five years probation and ordered to pay a \$1,000 fine plus court costs in the amount of \$243.

For further information on these cases contact Special Assistant Attorney General Scott A. Johnson
(601) 359-4220.

Patient Abuse: Ohio

Attorney General Petro announced on December 9 that Marilyn Smith, a nurses aide, was indicted on July 22, on one count of assault, a misdemeanor of the first degree. Smith punched a resident in the chest and grabbed and twisted the resident's breast.

Smith was found guilty of assault, a misdemeanor of the first degree and sentenced to 180 days incarceration with 150 days suspended, ordered to pay a \$500 fine and court costs.

For further information contact Assistant Attorney General Jordan Finegold (614) 466 0722.

Patient Neglect: Delaware

Attorney General M. Jane Brady announced on November 15 that Tyneta Curtis, a certified nursing assistant, pleaded guilty in Superior Court to one count of misdemeanor patient abuse. Curtis was subsequently arrested and charged with six counts of misdemeanor patient abuse.

This case stems from neglect of six incontinent patients. Witnesses who found the patients reported they were soaked from head to toe in urine saturated clothes and sheets. It appeared the patients received no care for many hours. Curtis remarked, as she was leaving at the end of her shift "she expected to be written up." It was not clear why she made that statement until the next shift started rounds and saw the condition of the patients who were assigned to Curtis.

Curtis was sentenced to six months in prison, suspended for six months of probation. She was placed on Delaware's Adult Abuse Registry. The court ordered Curtis not to have any contact with the patients, witnesses or the nursing home where the offenses occurred.

For further information contact Deputy Attorney General Lisa Barchi (302) 577-8363 or Investigator Bob Gouge (302) 739-4211.

Patient Neglect: Ohio

Attorney General Petro announced on November 10 that Wanda Fisher, a home health aide at Best Care Nursing & Rehabilitation, was convicted of patient neglect, a misdemeanor of the second degree. Fisher left a resident who was prone to falls standing in urine. The resident fell and fractured her right hip. Fisher was sentenced to 60 days incarceration, suspended, one year of probation and a \$100 fine.

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

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Attorney General Petro announced on November 3 that Raenita Spaeth, a nurse aide, was convicted of gross patient neglect, a misdemeanor of the first degree and sentenced to 30 days incarceration, 30 days of electronically monitored house arrest, five years of probation and 200 hours of community service, (100 hours if fully employed). She must undergo a psychiatric assessment and must attend an anger management program. She is prohibited from any job as a care provider. Spaeth must pay all prosecution costs and court appointed counsel fees in the amount of \$250.

Spaeth inserted her name badge pin into a lump on the back of a resident's neck. Spaeth stated she was trying to pop a pimple on the resident's neck. When examined, a moveable quarter size soft raised area with a purple pin point area in center was found.

For further information contact Special Agent Supervisor Christine Haenszel (614) 466 0722.

Patient Trust Funds: Delaware

Attorney General Brady announced on November 29 that Derrill Stewart, who was an attendant working through an agency at an assisted living facility, pleaded guilty in Superior Court to one count of misdemeanor financial exploitation and one count of misdemeanor theft.

Stewart stole a resident's credit card from her room and immediately started using it to purchase items at various stores. Stewart was identified as the suspect after the bank notified the resident of suspicious activity on her credit card and was arrested by investigators from the Medicaid Fraud Control Unit.

Stewart was sentenced to six months in prison, which was suspended for six months of probation. The court also ordered Stewart to pay restitution and have no contact with the resident or the assisted living facility.

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Attorney General Brady announced on December 27 that Marc Milo, who was the director of food services at an assisted living facility, pleaded guilty in Superior Court to one count of misdemeanor financial exploitation.

The resident had complained that on several occasions money was taken from her dresser drawer in her room. The facility set up a video camera in her room. In less than one hour, Milo was clearly seen coming into the room, going straight to the victim's dresser, pulling out her wallet, and taking money. Milo was subsequently arrested, fired from his job, and placed on Delaware's Adult Abuse Registry.

Milo was sentenced to one year in prison, suspended for one year of probation, and ordered to have no contact with the victim, and the assisted living facility and its executive director. In addition, Milo was ordered to continue attending Gamblers Anonymous meetings.

For further information on these cases contact Deputy Attorney General Lisa Barchi (302) 577 8363 or Investigator Dale Hall (302) 577 8503.

Patient Trust Funds: New Hampshire

Attorney General Kelly A. Ayotte announced on November 30 that Tami Tremblay pleaded guilty in Rockingham County Superior Court for stealing her mother's monthly retirement checks while her mother resided in a county nursing home. Tremblay was serving as the guardian for her mother and was required to pay her mother's income to the nursing home to partially cover the cost of care.

Tremblay was ordered to serve 21 days in jail and paid \$8,600 in restitution. The court suspended the remainder of her six month sentence.

For further information contact Assistant Attorney General Phil Bradley (603) 271 8399.

Patient Trust Funds: Oregon

Attorney General Myers announced on November 16 that Pamela Kuykendall, a former house manager at a group home for the disabled, was convicted of the felony offense of criminal mistreatment in the first degree. Kuykendall stole money from her disabled clients and used their money to buy herself personal items including lingerie, clothing and household goods. She then submitted altered and false receipts into their files in attempts to justify these purchases.

Kuykendall pleaded guilty and was sentenced to 24 months probation with conditions of probation to include 80 hours of community service. Although the restitution on the indicted charges only totaled \$532, Kuykendall agreed to pay back the full \$3,398.57 found missing or unaccounted for in all the clients' funds. In addition, Kuykendall was ordered to pay \$500 in investigative costs to the Department of Justice Medicaid Fraud Control Unit.

For further information contact Assistant Attorney General Sheen Y. Wu (503) 229 5725.

Patient Trust Funds: South Carolina

Attorney General McMaster announced on November 30 that Kimberly Barnwell was convicted of three counts of obtaining property by false pretenses. On or about October 18, Barnwell, a caregiver at the Farmington Community Residence, took checks from three separate residents and presented one check for \$30 for a gasoline purchase, used a second check to set up an automated draft to Verizon Wireless from the account of one of the residents in the amount of \$201.45 and used the third check to set up an automated draft to S.C.E.& G. in the amount of \$309.

Barnwell was sentenced by the Honorable David Coker to pay \$540.45 in restitution and a \$285 fine.

* * * *

Attorney General McMaster announced on December 16 that Tyrone Suber, a Babcock Center Supervisor, was convicted in Richland County of five counts of exploitation of a vulnerable adult and seven counts of obtaining property under false pretenses.

Between April and October 2003, Suber took money from vulnerable adults at the Babcock Center, leading them to believe that they were going on trips out of town. Suber used the money for his own personal gain. The money has since been repaid to the residents by the Babcock Center.

Suber was sentenced by Judge Casey Manning to five years imprisonment and a \$5,000 fine. If Suber successfully completes six months house arrest, the remainder of the sentence will be

suspended with five years probation. Suber was ordered to pay \$4,645 in restitution and ordered to serve 250 hours of community service, and ordered to have no contact with Babcock residents or the Babcock Center.

For further information on these cases contact Assistant Deputy Attorney General Charles W. Gambrell, Senior Assistant Attorney General William K. Moore or Special Investigator David Pointer (803) 734 3660.

Patient Trust Funds: Texas

Attorney General Abbott announced on December 2 that Lutricia Joyce Polley, a former business office manager at Cleaver Memorial Convalescent Center was sentenced to 350 days in the Gregg County Jail after her probation was revoked for misdemeanor theft.

Polley entered a guilty plea in February 2003 after being charged with embezzling \$10,500 from the facility residential trust fund. Polley was originally placed on 18 months probation, and was ordered to pay \$1,500 in restitution.

* * * *

Attorney General Abbott announced on November 5 that Martha Heffington, a former case manager at the HCS Waiver Program, was indicted by a Travis County Grand Jury on one count of aggregate theft, one count of fraudulent use of identifying information (Identity Theft) and two counts of forgery. The indictment alleged that between April 2002 and June 2003 Heffington stole \$37,838 from mentally retarded individuals. This was accomplished by either forging clients' checks and depositing them into her personal account or cashing their checks made payable to her. She also used the identification of another client in order to establish a credit card and make transactions for personal use.

* * * *

Attorney General Abbott announced on December 1 that Mary Welch, a former bookkeeper for three intermediate care facilities was indicted by the Travis County Grand Jury on one count of aggregated theft and one count of misapplication of fiduciary property.

The indictment alleged that between June 2001 and April 2002, Welch misappropriated over \$15,000 from mentally challenged individuals residing in the homes. This was accomplished by writing out trust fund account checks to petty cash and then endorsing and cashing them, bypassing any other required authorizations.

* * * *

Attorney General Abbott announced on December 17 that Richie Arnold Herndon, a business office manager at IHS Doctors Dallas, a nursing facility, pleaded guilty to first degree felony misapplication of fiduciary property.

Herndon diverted both resident and facility funds between February 1999 through February 2002 into the residents trust fund account (RTF) and issued 452 petty cash checks from the fund, totaling \$368,367 for his own benefit.

Herndon was sentenced to ten years probation and ordered to serve 90 days jail time. Herndon paid \$5,000 in restitution at sentencing and was ordered to make full restitution. This is the largest resident trust fund case in the Texas Unit's history.

For further information on the cases contact Rick Copeland, Director or Chief Investigator Monte Smith (512) 463 2011.

Personal Care Attendants: Massachusetts

Attorney General Reilly announced on November 16 that Lanisha Daniels, a personal care assistant, was arraigned on charges she allegedly over billed the state Medicaid program nearly \$8,000 for care services for the elderly and disabled that she never rendered.

Daniels was arraigned in Hampden County Superior Court before Justice Constance Sweeney on three counts of Medicaid false claims, two counts of larceny over \$250 and one count of larceny under \$250.

Daniels was hired to provide services to assist elderly and disabled people with daily living needs including housekeeping and cleaning, laundry, meals, and other tasks. The indictments alleged that during February 2003 and August 2004, Daniels caused hundreds of false claims to be submitted to MassHealth, the state's Medicaid program by billing for hours she never worked. In order to do this, Daniels allegedly falsified time sheets reflecting these hours and falsified her clients' signatures on the time sheets. In total, it is alleged that Daniels was paid \$8,000 for services that were never rendered. Daniels' alleged scheme to defraud the Medicaid program went undetected until June 23, 2003, when a Skills Trainer from STAVROS Center for Independent Living made a visit to one of Daniels' clients apartments and observed extremely filthy living conditions.

For further information contact Assistant Attorney General Julie C. Chattopadhyay or Investigator Mike Russo (617) 727-2200.

Personal Care Attendants: Michigan

Attorney General Mike Cox announced on December 8 that three defendants pleaded guilty to charges of financial transaction fraud and identity theft from a deceased nursing home resident. Felony charges were originally filed on August 31 against Ronnie Demarze Qualls, Angel Maria

Strong and Tracy Washington. An investigation by the Health Care Fraud Division began after the death of a St. John Senior Community resident on October 5, 2003. The resident wished to thank caregivers via a financial gift in the form of a check. Qualls, whose sister was one of the beneficiaries, stole the gift check. Qualls, along with friends, Strong and Washington used the information to cause the unauthorized electronic transfer of approximately \$7,500 from the deceased victim's account. The monies were transferred over a 22 day period to pay off credit card, cable, insurance, and cell phone accounts.

Each defendant pleaded guilty as charged and were sentenced in Third Circuit Court. Judge James R. Chylinski sentenced Strong on November 1 to four months to five years in prison and \$3,300 in restitution. Judge Chylinski sentenced Qualls on November 5 to two years probation and \$3,300 in restitution. Judge Maggie W. Drake sentenced Washington on November 9 to two years probation and \$3,300 restitution.

For further information contact Assistant Attorney General George N. Stevenson (517) 241 6500 or Special Agent Rebecca A. Treber (517) 241 6525.

Personal Care Attendants: Oregon

Attorney General Myers announced on December 1 that Luwinna Ladd, a personal care assistant, was indicted by a Deschutes County Grand Jury on three counts of making false claims for health care payments, three counts of theft in the first degree and three counts of forgery in the second degree for billing the Medicaid program for in home care services that she did not provide.

Ladd started working for an elderly Medicaid client as a Client Employed Provider (CEP) in December 2002, providing housecleaning and assistance with daily living skills. Together they would fill out the payment vouchers. The client would fill out the section noting the actual hours worked, they would both sign it, and Ladd then submitted these vouchers to the Oregon Department of Human Services (DHS) for payment. Ladd stopped providing care in March 2003 but continued to submit vouchers after forging the client's signature onto the voucher until March 31 for a total of \$6,633.42.

For further information contact Assistant Attorney General Sheen Y. Wu (503) 229 5725.

Personal Care Attendants: South Carolina

Attorney General McMaster announced on November 9 that Lumeshia Grimes was convicted of one count of filing false claims. Grimes submitted records to her employer, Care Pro Health Services, which were false and resulted in a claim having been filed with the Medicaid program for services which had not been rendered or provided by her.

Grimes was sentenced by the Honorable L. Casey Manning to three years, \$1,000, suspended. Grimes was ordered to pay \$3,019 in restitution to Care Pro Health Services.

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.

Pharmacies: Florida

Attorney General Crist announced in November the arrest of Frank Rigueiro, a pharmacy owner, who was charged with Medicaid fraud after billing the state for expensive AIDS medications that he did not actually provide to customers.

Rigueiro was arrested following a year long investigation by the Medicaid Fraud Control Unit involving the activities of Estrella Pharmacy. According to the charges filed in Miami Dade County Criminal Court, Rigueiro fraudulently billed Medicaid for a series of expensive AIDS medications that the patients did not receive, defrauding the Medicaid program of more than \$318,000 over a six month period beginning in June 2002.

In addition to engaging in the Medicaid fraud, Rigueiro also routinely endangered the safety of the AIDS patients he exploited. According to the pharmacy's own records, even when patients were given some of the medications prescribed, the medications were improperly mixed and diluted, thereby further endangering the patients' health.

In Rigueiro's scheme, according to investigators, a number of HIV positive or AIDS positive patients were recruited to attend a clinic with the promise of innovative, potentially life saving treatments. Rigueiro billed Medicaid, but many of the patients received either no medications at all or the incorrect drugs. Over a six month period Medicaid paid Estrella Pharmacy as much as \$5,000 per month for each patient. Rigueiro is charged with billing for the medications without actually dispensing them.

Rigueiro was charged with counts of organized fraud and grand theft, both first degree felonies that carry up to 30 years in prison and a \$20,000 fine per count.

For further information contact Assistant Attorney General Ivonne Fleitas (305) 513 3200

Pharmacies: Missouri

Attorney General Jay Nixon announced on December 6 that criminal charges were filed against Jeffrey C. Barnes, a pharmacist, for allegedly billing Medicaid for thousands of dollars in medical prescriptions that were never filled.

Charges were filed in Pike County Circuit Court against Jeffrey C. Barnes and his company Jeff Barnes Inc., d.b.a.. Best Buy Pharmacy of Louisiana. Barnes was charged with one felony count of stealing by deceit, punishable by up to 15 years in prison, and 13 felony counts of making a false

statement to receive a health care payment, punishable by up to four years in prison and a \$10,000 fine on each count.

The charges alleged that between January 2003 and January 2004, Barnes appropriated Medicaid program funds of at least \$25,000 in value by billing the program for prescriptions that were never filled or even prescribed by a doctor. Investigators with the Medicaid Fraud Control Unit interviewed numerous physicians who had no record of having prescribed medications, even though Barnes and Best Buy Pharmacy of Louisiana allegedly billed for dispensing the medications.

For further information contact Rick Williams, Director MFCU (573) 751-7192

Physical Therapy Clinics: Texas

Attorney General Abbott announced on December 13 that a Federal Grand Jury indicted Brenda Franklin Harris and Rosiland Michelle Jones on multiple counts of conspiracy, wire fraud, and health care fraud. Harris and Jones jointly owned and/or operated Health Universal Medical Services.

Health Universal was a physician directed clinic, commonly referred to as a physical therapy clinic, that operated from about January 1999 through July 2001. Health Universal falsely billed for physical therapy evaluations and services not rendered and for services not performed by or under the direct supervision of a licensed physician.

Allegedly, as part of the conspiracy, both Harris and Jones allowed foreign medical graduates to practice medicine without a license by signing patient evaluations, substituted false diagnoses they knew would qualify claims for payment by Medicare and Medicaid, instructed technicians to falsify documents and submitted false billing information.

Both the Medicare and Medicaid programs were billed about \$4.2 million, and these providers were falsely paid about \$1,376,000 in Medicare funds and \$47,143 in Medicaid funds.

For further information contact Rick Copeland, Director, MFCU or Chief Investigator Monte Smith (512) 463 2011.

Physicians: Pennsylvania

Attorney General Pappert announced on November 17 that Gurbachan S. Kathpal, M.D. was arrested on charges of drug diversion, Medicaid fraud, and criminal attempt. The criminal complaint charged Kathpal with six counts of violation of the controlled substance, drug, device and cosmetic act, one count of criminal attempt and one count of Medicaid fraud.

The investigation was initiated following an anonymous allegation from a pharmacist that Kathpal was prescribing controlled drugs that were not medically necessary. The case agent, along

with a Drug Enforcement Agency agent, was able to locate a patient who frequented the practice of Kathpal and received numerous prescriptions for Oxycontin. This individual was recruited as a confidential informant. The informant provided a list of names of patients who were prescribed and sold them.

The confidential informant, in order to obtain additional prescriptions for Oxycontin, had engaged in sexual activity with the doctor. Agents were able to ascertain two specific dates, on which the informant received prescriptions for Oxycontin following sexual relations with the doctor, which are the basis of two of the charges.

As part of the investigation an agent went into the practice of Kathpal posing as a Medicaid patient. Without an examination the agent was prescribed Vicodin-ES, by merely requesting it. Several of the Oxycontin prescriptions written for one patient were paid for by the Medicaid program.

Following the undercover activity, a search warrant was executed for patient files. An expert reviewed the medical records and prescription profiles for the patients named in the criminal complaint and stated that the prescriptions were below acceptable medical treatment standards.

For further information contact Deputy Attorney General Craig Chamberlain (724) 861 3670.

Physicians: Texas

Attorney General Abbott announced on December 15 that Piyush V. Patel, MD, a cardiologist and owner of Heart Place Hospital, and his wife, Meenakshi P. Patel, were indicted by the federal grand jury. This indictment followed a previous guilty plea by Dr. Patel in June 2002 for immigration violations relating to the J 1 Waiver Physician program. The 2002 conviction caused him to be suspended from all federal programs.

In the current indictment, Patel was charged with 36 counts of healthcare fraud and his wife was also indicted on seven counts of false statements to a federal agency. Both were charged with conspiracy. The indictment was based on charges that the Patels devised a scheme to defraud Medicaid, Medicare and Federal Employees Health Benefits program (FEHBP) out of more than \$1,000,000.

Patel directed staff of Heart Place Hospital to submit claims to Medicaid, Medicare and Federal Employees Health Benefits program (FEHBP), under the provider numbers of his wife and other physicians for services that he performed, despite his suspension from those programs based on his 2002 conviction.

For further information contact Rick Copeland, Director or Chief Investigator Monte Smith (512) 463 2011.

Podiatrists: New Hampshire

Attorney General Ayotte announced on November 4 that Stanley A Gorgol, D.P.M., Inc., an incorporated podiatry practice, pleaded guilty in Merrimack County Superior Court to the crime of Medicaid fraud. Gorgol, the company's president, entered the guilty plea on the company's behalf. The company paid restitution of \$18,330 at sentencing.

The conviction stems from conduct occurring over several years, in which the company filed more than 80 fraudulent claims with the Medicaid program to obtain reimbursement for Orthotic foot devices furnished to Medicaid recipients. The scheme was accomplished by altering invoices in order to inflate the company's alleged cost for purchasing the devices. The altered invoices, when submitted to the Medicaid program, caused the company to be paid \$285 for each device when it was only entitled to the \$78 it actually paid for the product.

In connection with the criminal disposition both the company and Gorgol entered a civil settlement under which Gorgol paid the state an additional \$40,000 to cover civil penalties and investigative costs. Gorgol was removed as a Medicaid provider.

For further information contact Jeff Cahill, Director, Medicaid Fraud Control Unit (603) 271 1256.

CASE UPDATES**Patient Abuse: Wisconsin**

Attorney General Lautenschlager announced on December 16 that Eun Jung Anderton, a caregiver employed by Options in Community Living, was sentenced for abuse of a vulnerable adult.

Anderton was sentenced by Dane County Circuit Court Judge, Daniel Moeser. Anderton received a suspended sentence and was ordered to serve 18 months probation. As a condition of probation, Anderton must complete 100 hours of community service, complete any counseling ordered by her probation agent and serve 30 days in jail. Anderton entered a guilty plea on November 9 to one misdemeanor count of abuse of a vulnerable adult.

Anderton was assigned to care for a woman who was diagnosed with cerebral palsy and is cognitively and developmentally disabled. Because of her disabilities, this woman is dependent upon others to provide her with total care in every aspect 24 hours per day, seven days per week.

On June 21, while Anderton was working with the patient, a coworker in another room preparing medications heard what sounded like a muffled crying and screaming coming from the bedroom. The coworker entered the bedroom and observed a ball of nightgown, which Anderton had bunched and placed in the patient's mouth. When Anderton saw her coworker, she removed the nightgown from the patient's mouth. (See: *Medicaid Fraud Report*, July/August 2004, p.22).

Upon questioning by the police, Anderton admitted to putting part of the nightgown into the patient's mouth because the patient had been making noises that Anderton did not want to hear. Anderton further admitted to previously having put a wash cloth in the patient's mouth to silence her.

* * * *

Attorney General Lautenschlager announced on December 10 that Thomas Wittig, a caregiver was convicted of abuse of a resident of a community based residential facility.

According to the Department of Justice's Criminal Complaint, Wittig was found guilty by Milwaukee County Circuit Court Judge John Franke after pleading guilty to one count of felony neglect of a resident of Community Living Group Home.

Allegedly, Wittig struck a female resident causing swelling and bruising around her left eye and he failed to immediately seek medical attention for these injuries. (See: *Medicaid Fraud Report*, July/August 2004, p.21). Wittig faces up to three years and six months imprisonment and a fine not to exceed \$10,000, or both.

For further information on these cases contact Assistant Attorney General William Hanrahan (608) 266-1221.

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