



National Association  
of Attorneys General

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# MEDICAID FRAUD REPORT

June 2006

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### **Texas Physician Sentenced to 11 Years**

Attorney General Greg Abbott announced on June 16 that Dr. Anant Mauskar was sentenced to 11 years, three months in prison by a federal judge in Houston, Texas, and was taken into immediate custody. Mauskar was also ordered to make restitution of \$14 million and to forfeit \$644,449 in property. The Texas State Board of Medical Examiners is expected to suspend his medical license indefinitely. The sentencing was the result of a federal jury finding Mauskar guilty of 20 counts of Conspiracy to Commit Healthcare Fraud and Receiving Kickbacks.

This sentencing is the result of a long-term complex joint investigation that involved six subjects who defrauded Medicaid and Medicare of more than \$15 million. The cases on five of the six subjects have now been resolved, four have been sentenced, one was acquitted and one is a fugitive. Mauskar was the kingpin in the operation who provided fraudulent certificates of medical necessity for power wheelchairs. He was charged with receiving kickbacks from owners of various DME companies and individuals who solicited Medicaid and Medicare recipients. In return, Mauskar approved power wheelchairs when he knew the recipients did not qualify for such equipment. Mauskar was also charged with billing Medicare/Medicaid for performing unnecessary medical examinations and tests. The DME companies billed Medicare/Medicaid for power wheelchairs, when in fact a less expensive scooter was provided or in some cases no equipment at all. The total Medicaid overpayment to Mauskar was approximately \$58,000. Medicare overpayments were approximately \$1.6 million.

The other five subjects were Nadine Norman, the office manager for Mauskar, who was acquitted in a jury trial on April 4, 2005. Ita John Obot, the owner of Best Medical Supplies, pleaded guilty on February 24. He was charged with receiving fraudulent overpayments from

Medicaid of approximately \$78,000 and \$4.2 million in Medicare overpayments. Obot was sentenced to five years, three months in prison and ordered to pay \$4,696,714 in restitution. Aniefiok Jimmy Eking, the owner of Medical Equipment and Supplies and MESCORP, was indicted and fled the country. He is currently a fugitive. He was charged with receiving fraudulent overpayments from Medicaid of approximately \$256,000 and \$3.3 million in Medicare overpayments. Lorine Hawthorne and Pamela Russell were employed by Eking to recruit Medicare/Medicaid beneficiaries. They have both pleaded guilty and have been sentenced. On January 20, 2006, Hawthorne was sentenced to one year in prison and ordered to pay \$301,500 in restitution. On January 13, 2006, Russell was sentenced to five years probation and ordered to pay \$108,000 in restitution.

This was a joint investigation with the MFCU, FBI and the Office of the Inspector General of the U.S. Department of Health and Human Services. The case was prosecuted by the U.S. Attorney's Office - Houston.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 463-2011.

## **CASES**

### **Adult Day Care Centers: Texas**

Attorney General Abbott announced on June 2 that the nolo contendere plea of tampering with physical evidence by Tony Chong, owner and billing manager for the Cliff Haven Adult Day Health Care Center and the Irving Adult Day Care Center was accepted. Chong received two years Deferred Adjudicated Probation, was ordered to pay a \$2,500 fine, and to serve 160 hours of community service. In addition, as part of the plea agreement, Chong was ordered to pay restitution for the entire overpayment amount of \$30,105.32 that was identified by the MFCU during its criminal investigation. The restitution amount has been paid in full by Chong. Theft charges for both centers were dropped in return for the plea. Chong had billed for services not rendered at the two facilities and had subsequently altered facility business records that had been requested by the MFCU staff during the investigation.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 463-2011.

### **Behavioral Health: Texas**

Attorney General Abbott announced on June 30 that Aaron Renaldo Binder was indicted by a grand jury for 1st Degree Felony Theft. The indictment charged Binder, doing business as Solutions To Changing Lives and Solutions 2 Changing Lives, Behavioral/Mental Health Counseling Centers in Houston, of billing Medicaid for services not provided and up-coding one hour

counseling sessions to two hour sessions. Between March 11, 2002, to February 20, 2004, Solutions To Changing Lives was paid over \$523,000 by Medicaid. Of that amount, \$497,538.63 is alleged to be fraud/overpayments. Between February 9, 2004, to May 7, 2004, Solutions 2 Changing Lives was paid over \$103,000 by Medicaid and of that amount, \$99,270.39 is alleged to be fraud/over payment. Both companies have been placed on a payment hold by the single state agency.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 463-2011.

**Drug Diversion: New Hampshire**

Attorney General Kelly A. Ayotte announced on June 8 that Patricia Trottier pleaded guilty to two misdemeanor counts charging her with abusing two facility patients. Trottier was working as a personal care attendant at a nursing facility when she stole Lorazepam, an anxiety medication, from the residents and substituted Atenolol, which treats high blood pressure. Trottier received a six month suspended sentence and was barred from working in healthcare for a period of two years. The case was referred to the Unit for investigation and prosecution from the state's office of the long term care ombudsman, which received the initial incident report from the nursing facility.

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Attorney General Ayotte announced on June 14 that Kristin Clough pleaded guilty to two misdemeanor counts charging her with abusing two facility patients. Clough was working as a licensed nursing assistant at a nursing facility in when she stole fentanyl patches from two nursing home residents. Clough was ordered to serve 45 days in jail to be followed by a seven month suspended sentence. She was also barred from working in healthcare for a period of two years.

For further information on both cases contact Assistant Attorneys General Phil Bradley or Jeff Cahill (603) 271-1246.

**Drug Diversion: Texas**

Attorney General Abbott announced on June 1 that Licensed Vocational Nurse (LVN) Scott Sones pleaded guilty and was sentenced to eight years probation, fined \$1,000 and ordered to perform 160 hours of community service. On November 3, 2005, Sones was indicted by a grand jury on two counts of Obtaining a Controlled Substance by Fraud. The investigation revealed that on May 25, 2005, Sones diverted at least 11 tablets of Hydrocodone from two residents at Brookhaven Nursing Center by falsely documenting administration of the narcotic on the individual control records and then keeping them for his personal use.

Sones admitted that he was addicted to Hydrocodone and diverted the narcotic on a regular basis, oftentimes ingesting Hydrocodone tablets while working. Although Sones admitted to diverting Hydrocodone over a lengthy period of time, corroboration of the evidence focused on the 11 missing tablets and false documentation at Brookhaven Nursing Center.

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Attorney General Abbott announced on June 22 that a grand jury returned an indictment against Mandy Jane Betts (Roberts), a former LVN at Theron Grainger Nursing and Rehabilitation Center in Hughes Springs, Texas. Betts is alleged to have stolen discontinued non-narcotic medications from the facility between February 2005 and January 2006. The stolen medication was recovered by the police during an unrelated search of Betts' residence. The value of the stolen medication is estimated at \$2,049. The indictment alleges one count of Theft - greater than \$1,500 but less than \$20,000.

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Attorney General Abbott announced on June 1, that an indictment was returned against Susan Moran, the former receptionist for Dr. Billy "Rex" Law, DDS. She was allegedly calling-in and/or forging fraudulent hydrocodone prescriptions for herself, her husband and her son who is a Medicaid recipient. Moran was arrested on November 16, 2005, while attempting to pick up a forged prescription.

\* \* \* \*

Attorney General Abbott announced on June 9 that Licensed Vocational Nurse (LVN) Michael Sutton was sentenced to six months probation, fined \$500 and ordered to perform 24 hours of community service. Sutton pleaded guilty to Possession of a Dangerous Drug based on an indictment in March 2006 on two counts of Obtaining a Controlled Substance by Fraud. As part of a plea agreement, he pleaded guilty to a lesser offense. From January to August 2005, Sutton was charged with diverting over 3,000 pills, to include narcotics, from Lamun-Lusk-Sanchez Texas State Veterans Home.

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Attorney General Abbott announced on June 14 that a grand jury indicted Certified Medication Aide (CMA) Steven White for one count of Obtaining a Controlled Substance by Fraud (Third Degree Felony). The MFCU investigation supported charges that White, while employed at Texas Heritage Oaks and Rehabilitation in Lubbock, made false entries on governmental documents showing that he had dispensed narcotics to residents at the facility when in fact he had not. White was suspected of diverting narcotics when a resident's wife informed the facility that her husband was not responding to his prescribed narcotics for pain relief. A drug screen on the resident showed

no narcotics in the resident's system. White had documented giving narcotics to the resident hours before.

For further information on these cases contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 463-2011.

**Drug Diversion: Vermont**

Attorney General William H. Sorrell announced on June 21 that Sarah Benson, a registered nurse, pleaded guilty to two counts of possession of a narcotic drug, Meperidine. Benson was employed by Springfield Hospital and while on duty as a nurse, obtained unlawful access to Meperidine, a narcotic, on two occasions in November of 2005. She was sentenced to six months to two years, all suspended, with strict probation conditions regarding access to drugs and drug treatment. Her nursing license is currently suspended. Benson will also pay restitution for the cost of the drugs.

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

**Durable Medical Equipment: Kentucky**

Attorney General Greg Stumbo announced on June 28 that Jeramey Etherton, a former medical supply dealer who worked for Wheelpower, Inc. and Heartland Medical from 2000 to 2002 was arrested.

Etherton was convicted of felony theft from the Medicaid program in 2004. Through the company, he purported to supply power wheelchairs and hospital beds to Kentucky Medicaid recipients. Such items required certificates of medical necessity (CMN's). Etherton would falsify CMN's and then present falsified claims requesting payment for the equipment from Medicaid.

The one year Class D felony sentence was probated on the condition that he make full restitution of \$119,000 fraudulently obtained in Medicaid payments from the Kentucky Medicaid Program. Etherton failed to make restitution payments and failed to appear in Franklin Circuit Court in May, 2006.

For further information contact Pamela Murphy, Director (502) 696-5405.

**Durable Medical Equipment: Texas**

Attorney General Abbott announced on June 14 that a federal grand jury in the Eastern District of Texas indicted Peter Egede, owner of Houston Medical, a DME provider. Egede was charged with operating a health care fraud in a scheme involving power wheelchairs. Between July 2002 and July 2003, Houston Medical billed Medicaid and Medicare for wheelchairs using fraudulent prescriptions, and delivering scooters instead of motorized wheelchairs. Houston Medical billed both Medicaid and Medicare \$3.8 million and was paid \$1.8 million, of which \$60,282 is

Medicaid related. The case is being worked jointly with the MFCU, HHS-OIG and the FBI and is being prosecuted by the U.S. Attorney's Office in Dallas.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 463-2011.

**Home and Community Based Services: New York**

Attorney General Eliot Spitzer announced on June 29 the arrest of Louis Gallo who was charged with Grand Larceny in the Second Degree for fraudulently obtaining Medicaid payments for home repairs delivered to Medicaid recipients suffering from traumatic brain injuries and other disabilities.

Gallo, the owner of New York Aide Society Inc. TBI, of Jericho, New York, a Medicaid provider of Environmental Modification (EMOD) services in a program designed to provide home and community based services for disabled individuals and for those who have suffered severe brain injuries. As an EMOD provider, Gallo's was responsible for ascertaining the needs of injured or disabled Medicaid recipients and to then secure bids from three independent contractors to perform home construction alterations needed to permit the recipient to continue to live at home. These modifications typically included projects such as constructing bathrooms, showers, driveways, grab bars, ramps, and installing chairlifts. The costs reflected in these bids are submitted to the Department of Health and, if the projects are approved, EMOD providers such as Gallo ensure that the construction is completed. They then bill Medicaid for the completed work, as well as an additional amount as compensation for their services as EMOD provider.

According to the complaint filed in Nassau County Court, from March 24, 2001, through March 22, 2004, Gallo submitted EMOD bids from companies he falsely represented were independent when, in fact, those companies either did not exist or were controlled and operated by Gallo. The address listed for one such corporation was Gallo's home, and another's phone number was actually Gallo's wife's cell phone number.

Additionally, it was charged that Gallo double billed Medicaid for the same projects. In total, it is alleged that Gallo received in excess of \$168,000 from Medicaid in fraudulent payments on 22 construction projects.

For further information contact Special Assistant Attorney General Alan Buonpastore, Director, Long Island Regional Office (631) 952 6966.

**Home Health Care Aides: Arizona**

Attorney General Terry Goddard announced on June 28 that Mary Ann Dubla, aka Mary Hagey was indicted by the state Grand Jury on one count of Fraudulent Schemes and Artifices, a class two felony, one count Theft, a class three felony, and ten counts of Forgery, class four felonies.

It is alleged that between January 21, 2001, through March 5, 2004, Dubla, obtained payment for services that she never provided as a caregiver of habilitation respite services. Dubla worked through multiple agencies that would provide caregivers to clients that might be autistic, or severely to moderately mentally retarded. She also provided respite services (form of babysitting) as a relief measure to the parents. It is alleged that the defendant submitted false claims with forged signatures for services she never gave for a loss of \$15,398.73.

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

**Home Health Care Aides: South Carolina**

Attorney General Henry McMaster announced that Patrick S. Pringle, who worked as a personal care attendant, was convicted on June 7 of one count of Filing False Claims in Greenville County, South Carolina. On or about August 23, 2005 Pringle caused a false claim for reimbursement to be filed with the South Carolina Medicaid Program.

Pringle was sentenced by the Honorable D. Garrison Hill to 140 days (given credit for time served) and probation for two years. Pringle is also to pay restitution in the amount of \$949.20 to the South Carolina Medicaid Program pursuant to the terms of a plea agreement.

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

**Mental Health Centers: Maryland**

Attorney General J. Joseph Curran, Jr., announced on June 27 that two owners of a mental health company, who were alleged to have defrauded the Maryland Medicaid program of more than three million dollars over a seventeen-month period, have been indicted on multiple counts of felony Medicaid fraud and theft.

Guy Bell and Robin Carroll-El each had an ownership interest in The Bridges Project, LLC ("Bridges"), a psychiatric rehabilitation program ("PRP") company. PRP services are designed to provide counseling that assists at-risk individuals, frequently children, who have some type of mental health difficulty that impedes their ability to properly function in their home, school, or community.

It is alleged that from November 2002 through April 2004, Bridges submitted tens of thousands of false claims to Medicaid representing that the company had provided PRP services that it had not actually performed. Bell and Carroll-El are charged with nine counts each of felony Medicaid fraud and theft, as well as one count each of conspiracy.

Bell has also been charged in a twenty-four-count indictment with defrauding Medicaid by billing the program for therapy services that were not actually rendered. Those charges arise from

an investigation of Dr. James Nguyen, a psychiatrist who pleaded guilty in June of 2005 in Baltimore City Circuit Court to one count of felony Medicaid fraud for allowing Bridges to bill for therapy services under his individual Medicaid provider number, even though he was not himself performing the service. Judge Wanda K. Heard sentenced Dr. Nguyen to five years incarceration, with all but 18 months suspended, and five years supervised probation. Dr. Nguyen paid \$100,000 at sentencing toward a restitution order of \$305,000. Subsequent to the conviction, his medical license was revoked by the Maryland Board of Physicians, and he was excluded from working for facilities that receive funds from Medicare or Medicaid programs.

Based on the investigation of Dr. Nguyen, the state expects to prove that Bell ordered the submission of thousands of billings to Medicaid under Dr. Nguyen's provider number for services that were not rendered, and that could not have been rendered, because Bridges did not have enough therapists on staff to see all the patients for whom it was billing Medicaid.

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

**Mental Health Counselors: Maryland**

Attorney General Curran, Jr., announced on April 18 that a former mental health counselor has pleaded guilty to felony Medicaid fraud for submitting false documentation to his employer that resulted in a loss to Medicaid of at least \$6,000. Moses Ige was sentenced to probation before judgment by Baltimore City Circuit Court Judge Althea Handy, and was ordered to serve five years of supervised probation. During that probation, he must repay \$6,000 to the state Medicaid program.

Ige was paid by Calvary Healthcare Services, Inc., a now-defunct mental health counseling company then located in Baltimore City, to provide counseling services to a juvenile Medicaid recipient. Calvary in turn billed Medicaid for services rendered by Ige to the recipient, and relied on Ige's documentation of those services in determining when and how much to bill Medicaid. On 156 occasions from May through November of 2003, Ige submitted documentation to Calvary which caused the company to bill Medicaid for services Ige knew had not been rendered. An investigation by the Office of the Attorney General revealed that Ige had rarely if ever counseled the client. For example, on 75 of the 156 dates billed by Ige, time sheets signed by him show that he was actually working another job across town during the hours when he claimed to have visited the child.

For further information contact Jason Weinstock, Assistant Attorney General (410) 576-6596.

**Nurses: Maryland**

Attorney General Curran, Jr. announced on May 23 that Baltimore County Circuit Court Judge John Grayson Turnbull II sentenced Dolores Elaine Scott to a term of imprisonment of five years, with all but 18 months suspended, for conviction of felony Medicaid fraud. Scott also received probation of five years and was ordered to pay restitution to the Maryland Medicaid Program of \$133,992.

Scott was a registered nurse who provided in home care for a seriously disabled child who was a Medicaid recipient. During the period from June 20, 2002 through July 29, 2004 when her scheme was discovered, she falsified 408 time slips by inflating the number of hours of care she was providing in order to increase her earnings. As a result of this scheme she caused her employer Comprehensive Nursing Service, Inc. to bill Medicaid \$133,992 for nursing services that were never provided. Scott obtained over \$90,000 personally by means of this fraud. Comprehensive was not involved but is required by the Maryland Department of Health and Mental Hygiene to repay the state for the money they obtained through Scott's fraudulent billing.

Scott committed this offense while she was on probation after being convicted of forging state documents in April of 2003 in an attempt to get a wage attachment for unpaid Maryland income taxes removed. Scott still faces a violation of probation hearing for violating her probation on the forgery charge by committing Medicaid fraud.

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

**Nurses: Vermont**

Attorney General Sorrell announced on February 16 that Margie Yoder was convicted February 13 in Vermont District Court for Washington County, on two felony charges of Obtaining a Regulated Drug by Deceit, and Making a False Statement in Records. Yoder received a sentence of 24 to 48 months all suspended except 30 days. The court ordered the standard conditions of probation along with several special conditions that order her not to provide direct patient care for vulnerable adults where she would have any direct access to regulated drugs. She cannot buy, have, or use regulated drugs without a prescription, and she cannot purchase, possess, or consume alcohol. Yoder was also ordered to submit to random urinalysis and must complete any substance abuse counseling or treatment program that her probation officer requires. She paid restitution in the amount of \$200 for the narcotics she stole while working as a nurse at Berlin Health and Rehabilitation Center.

The charges stem from Yoder's employment as a licensed registered nurse at Berlin Health and Rehabilitation Center. Yoder admitted to stealing fentanyl from used patches that had been placed on the residents. She also falsified narcotics records by documenting that she had given certain residents narcotics, when in fact, she had taken the narcotic herself. She was also employed

as a Registered Nurse at the Vermont State Hospital. Yoder's employment at both facilities has been terminated.

For further information contact Linda A. Purdy, Director (802) 241-4441.

**Patient Abuse: Kentucky**

Attorney General Stumbo announced on June 27 the arrest of Casey Coffey and Christy Mercer, both Direct Support Professionals, for allegedly assaulting a patient with a broomstick inside the patient's bedroom at the facility. The victim sustained multiple cuts and bruises in addition to a fractured nose.

In addition, Sharon Young and Stephanie Sue Colyer were taken into custody for a separate similar event bringing the total number arrested for abuse or neglect of patients from the facility to 15. All four individuals will be charged with one count each of Knowing Abuse of an Adult, a Class C Felony punishable by five-ten years in jail.

For further information contact Pam Murphy, Director (502) 696-5643.

**Patient Abuse: Maryland**

Attorney General Curran, Jr. announced on February 6 that Rhonda McClary, a former care giver at a group home for developmentally disabled individuals run by the National Center on Institutions and Alternatives, pleaded guilty to one count of abuse of a vulnerable adult in the second degree in the District Court for Baltimore County. Judge Mimi Raffel Cooper sentenced McClary to incarceration for six months which was suspended and three years of supervised probation. As special conditions of probation McClary will not be permitted to care for individuals who are developmentally disabled during the period of her probation and she must write an obituary of the victim as if the victim had died as a result of McClary's abuse.

According to the statement of facts read into the record, McClary was the only caregiver at the group home when the incident occurred. She admitted to becoming angry with the victim because she refused to do as she was told. When the victim refused to go up the stairs to take a bath, McClary admitted to pushing her into the stair railing which caused a large bruise on the victim. The bruise was discovered two days later when the victim appeared in distress at her day care program.

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

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Attorney General Curran, Jr. announced on May 3 that Isiwatu Paye, a former employee of Genesis Health Care, Heritage Center was found guilty of abuse of a vulnerable adult arising out of an assault on a nursing home resident. Baltimore County District Court Judge Robert J. Steinberg sentenced Paye to thirty days in jail. Judge Steinberg also placed Paye on two years supervised probation and ordered that she not provide direct hands on care to vulnerable adults for a period of two years.

On July 14, 2005, Paye was a certified nursing assistant providing hands on care to a resident at Heritage Nursing and Rehabilitation Center. The resident was 74 years old, suffered from end stage Alzheimer's disease, had a feeding tube, and could not even turn herself over in bed. While Paye and another nursing assistant were assisting the resident with changing her diaper, the resident began to scratch herself. Paye yelled at the resident and slapped the resident on the hands and across the face. The slap across the face was with such force that the other nursing assistant in the room could hear the slap, and the victim screamed out in pain.

For further information contact Assistant Attorney General Catherine Schuster Pascale (410) 576-6530.

**Patient Abuse: New York**

Attorney General Spitzer announced the arrest on June 16 of William Morrison who was charged with the rape of an elderly nursing home resident. Morrison was arraigned on the charge of Rape in the First Degree, before Rome City Court Judge Daniel Wilson. The charge carries a maximum possible prison sentence of 25 years upon conviction.

The charge alleges that he raped a 90 year old woman who was a resident of the Rome Memorial Hospital Residential Health Care Facility. Morrison was working as a certified nurse aide at the facility when the alleged assault took place.

For further information contact Special Assistant Attorney General Ralph Tortora, Director, Syracuse Regional Office (315) 423 1121.

**Patient Abuse: Texas**

Attorney General Abbott announced on May 16 that that Jill Marie Hamed, a former employee of The Meadows Nursing Home in Gatesville, Texas, pleaded no contest to a Class-A Misdemeanor charge of Assault by Contact on an Elderly or Disabled Individual in the County Court at Law Coryell County, Texas. On June 22, Ashley Diane Kneeland, another former employee of The Meadows Nursing Home, also pleaded no contest to a Class-A Misdemeanor charge of Assault by Contact on an Elderly or Disabled Individual. Hamed was sentenced to twelve months Deferred

Adjudication/Community Supervision, and was ordered to pay a \$500 fine as well as \$256 in court costs. Kneeland was sentenced to twelve months Deferred Adjudication/Community Supervision, and was ordered to pay a \$500 fine as well as \$281 in court costs.

While employed at The Meadows as certified nurse aides, Hamed and Kneeland assaulted a 78-year old female resident by raising the resident up in a mechanical lift as high as it would go, then pulling the emergency release in order to quickly lower the resident, thereby causing the resident to fear harm and physical injury. Hamed and Kneeland apparently undertook this action purely for entertainment as they were amused by the resident's scared reaction to the sudden drop.

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Attorney General Abbott announced on June 15 that Certified Nurse Aide (CNA) Bernadine Nwokeji was indicted by a grand jury. The grand jury returned a two count indictment for Injury to the Elderly, and Failure to Report. The facts of the case involve an incident that took place on October 22, 2005. While employed at the Denton Rehab and Nursing Center, Nwokeji attempted to transfer a 77-year-old nursing home resident without assistance, knowing he is a resident requiring a two person assist. The resident reminded Nwokeji of the two person requirement, but Nwokeji ignored this concern, stating that the transfer would be possible if he cooperates.

This action resulted in a fall causing the resident to break his left femur, thus requiring surgery. Furthermore, Nwokeji was witnessed earlier during the day by another employee, attempting to transfer the same resident, and was reminded of his two person requirement. After the fall, the resident informed Nwokeji that "something broke," and she still failed to report the incident.

For further information on both cases contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 463-2011.

### **Patient Neglect: Maryland**

Attorney General Curran, Jr., announced on February 21 that a nurse, Nancy Stone, pleaded guilty to neglect of a vulnerable adult. Anne Arundel Circuit Judge Joseph P. Manck sentenced Stone to two years in jail, all suspended, and placed her on three years probation. As special conditions of her probation, Stone is to pay a fine of \$1,000 and perform 200 hours of community service. Judge Manck also ordered that Stone is prohibited from taking care of vulnerable adults during the period of her probation.

Stone was the delegating nurse for Millersville Home Care, an assisted living facility. Stone's responsibilities included performing a full assessment of each resident under her care. Stone pleaded guilty to intentionally failing to perform the necessary assessment of a 94-year-old bedridden resident at Millersville Home Care.

On September 13, 2003, Stone filled out paperwork indicating that she had assessed the patient and that, in particular, her skin condition had no changes since Stone's prior visit in July, in which Stone noted her skin as "fragile." In fact, the state presented photographs of the patient's feet taken by her podiatrist on September 4, 2003, that plainly showed serious bedsores and skin deterioration on both feet. Furthermore, just six days after Stone's visit on September 13, 2003, she was taken to the hospital where she was found to have more than 10 skin ulcers on her body, seven of which had deteriorated past the top layer of skin down to the muscle. In addition, the records from the facility reflected findings of skin sores on her back that were also not addressed by Stone. The state also presented the patient's official Plan of Care, which, because she was bedridden and therefore prone to skin ulcers, states specifically that her skin should be monitored daily for red marks. Despite all of these requirements and indications, Stone's record did not reflect a finding of any skin problems.

Erlinda Sarabia, the owner of the facility, is also charged with felony neglect and other crimes in a separate indictment.

For further information contact Richard Bardos, Deputy Director (410) 576-6533.

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Attorney General Curran, Jr., announced on May 9 that the owner of an assisted living facility, Erlinda Sarabia, was convicted of felony neglect of a vulnerable adult and Medicaid fraud in relation to her ownership of Millersville Home Care. This case marks the first time in Maryland that an owner of an assisted living facility who did not herself provide hands-on care was convicted of neglect. Anne Arundel Circuit Judge William C. Mulford, II, sentenced Sarabia to three years in years in jail, all but 18 months suspended, with the remaining term to be served on home confinement. Judge Mulford placed Sarabia on three years probation. As special conditions of her probation, Sarabia is to pay restitution of \$17,269.61 to the state Medicaid program and the defendant is to make a charitable contribution to a health care organization in the amount of \$25,000 prior to the end of her probation. Finally, the judge ordered that during the term of her sentence, Sarabia may not own, operate, direct or in any way participate in any assisted living facility.

As the owner of the facility, Sarabia was responsible for hiring staff that were competent and able to care for the residents for whom MHC had contracted to care and Sarabia routinely contracted for persons who required Level 3 care, which is the highest level of care for persons with the greatest needs. Instead, Sarabia hired people to care for between 8 and 11 MHC residents who had no prior experience in health care. One woman, who Sarabia designated as the assisted living manager, had been a secretary in the Philippines for a construction company for 20 years and had never cared for any vulnerable adults. The other primary caregiver had just finished a two-year program in hotel management and similarly lacked any hands on care experience. When the manager was hired in 2001, she told Sarabia that she had no experience taking care of people. The defendant told her that

she would only have to care for one woman who was able to walk on her own and all she would be required to do was get her meals and supervise her.

Despite hiring people with no experience in health care, and providing no care herself, Sarabia contracted to care for persons in very serious condition. According to the statement of facts presented, the lack of understanding by the staff and failure of care by MHC is documented in the condition of two of these residents upon their arrival at the emergency room in the fall of 2003. One woman arrived at the hospital on October 15, 2003 with stage IV decubitus ulcers on 40% of her body. She had gangrene in one of her legs. She had dead flesh and maggots in one of her feet. The state's testimony would be that she was left unmoved and untreated for more than two weeks at MHC prior to her hospital admission. The patient was emaciated, described as just "bones and skin" and was severely dehydrated. Although she could feel pain, she could not speak. She was contracted in both arms and both legs. Her decubitus ulcers were on her elbow, hip, hand, knee, sacrum and feet. The skin on one of her feet was nearly completely gone.

Yet the care notes for her, written by the assistant living manager, describe none of these conditions. The notes for October reference only a "wound on feet" or "bedsore on back." There is no indication in any of the notes of any understanding or acknowledgment of her horrific and life-threatening condition. In fact, when the emergency medical team that arrived on October 15 to take her to the hospital, they were told by the staff that she "has a sore with a bone sticking out, and its oozing" and that it had been that way "for about a week". She died from her wounds on October 17, 2003.

The state also presented photos of another woman taken on September 4, 2003 that showed serious skin ulcers on both feet taken by a podiatrist who advised the manager about the decubitus ulcers. Yet, the care note for September 4, 2003 reads only that the foot doctor "cut her toe nails." There is no evidence of any care being given to her regarding her feet thereafter.

Fifteen days later, she was taken to the emergency room because she had passed out. She was dehydrated and emaciated, despite her having a gastronomy tube. She arrived at the emergency room with nine decubitus ulcers, four of which were stage 3 or 4. Yet, the notes from her care giver make no mention of bedsores or wounds. The only mention of any skin issue appears on September 18, 2003: "Noticed a bad smell coming from her bruises on left and right butt. Lips are dry." No treatment is given for the "bad smell" or the "bruises."

The patient was a Medicaid recipient and Sarabia was paid for caring for her for all of 2003. Because the care provided was substandard and failed to meet the legal requirements, the defendant was convicted of defrauding the Medicaid program by billing for providing Level 3 care to her when no such care was given.

The defendant was the owner and operator of MHC. Sarabia earned a living from this facility and controlled the finances, hiring of staff and, most important, had the final say in whom she would

accept at MHC and what level of care the residents would require. She was required by law to "ensure" compliance with the regulations in the knowledge and skill levels of her staff.

For further information contact Richard Barbos, Deputy Director (410) 576-6533.

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Attorney General Curran, Jr. announced that on June 20 a former geriatric nursing assistant at Chester River Manor, located in Chestertown was given a six month-suspended sentence and placed on two years of unsupervised probation (as a result of her guilty plea to second degree neglect of a vulnerable adult) by Judge J. Frederick Price in the Circuit Court for Kent County. Donishia Wilson pleaded guilty in connection with an incident that occurred on February 5, 2005 while she was on duty at the facility and responsible for the care of the victim who is a resident of the facility. She also completed 50 hours of volunteer community service prior to sentencing as ordered by the court. While on probation, she is prohibited from working or participating in the hands on care field in Medicaid-funded facilities.

The victim was an 87 year old woman who suffered from dementia, seizure disorders, chronic pain as well as other health related issues. The victim also had extremely fragile skin. As a result of this latter condition, the victim's plan of care required that she could not be transferred in or out of bed by only one person. The victim experienced a severe skin tear on her left wrist and hand requiring 32 sutures when Wilson, who knew of the victim's condition and plan of care, grabbed the victim by the wrists and pulled on her skin in an attempt to transfer the resident from her bed to her wheelchair. Wilson admitted that she was frustrated with the resident who was agitated and combative. Wilson acknowledged that she had been trained to simply step back and seek assistance under those circumstances and that she failed to do so.

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

### **Patient Neglect: Nevada**

Attorney General George J. Chanos announced on June 28 that for the second time in the past six months, a group home operator has been rendered guilty of a charge relating to Elder Neglect. Delfina Sambas entered a no contest plea to a single gross misdemeanor offense of Neglect of Duty with Disregard of Safety. District Court Judge Valorie J. Vega rendered Sambas guilty and ordered her to pay \$775 in penalties and assessments. Also, Sambas is not to renew her long term care administrator's license.

In April 2005, MFCU investigators were attempting to locate a witness on an unrelated matter when they arrived at Sambas' group home. Upon their arrival they noticed two elderly residents present and alone without a caretaker on the property. Other agencies were contacted to assist the MFCU and provide immediate protection for these elderly. No injuries were reported.

In the first case, on December 5, 2005 another group home operator, Irma Chiang Rafael, was rendered guilty of Involuntary Manslaughter due to charges that she was not present when a fire broke out at her facility killing two residents. Rafael is presently serving one to two and a half years in prison.

For further information contact Tim Terry, Director (775) 684-1185.

**Patient Neglect: Tennessee**

The Tennessee Medicaid Fraud Control Unit announced on June 5 that Roberta Branam, owner of a private, unlicensed boarding home, pleaded guilty to one count of Gross Negligence. The court sentenced Branam to serve three years of supervised probation.

This case was opened based on a referral from Adult Protective Services. It was alleged that Branam had so neglected a resident of her boarding home that the resident had to be hospitalized. The hospital treated the resident for a stage IV decubitus ulcer, sepsis, malnourishment and a urinary tract infection. Branam was arrested on April 20, 2006 and charged with Aggravated Assault. At her preliminary hearing she waived trial and pleaded guilty to Gross Negligence. By court order, Branam's name was submitted for inclusion on the state abuse registry.

For further information contact Special Agent Margaret Chuinard (865) 686-1915.

**Patient Trust Funds: Maryland**

Attorney General Curran, Jr. announced that on March 15 Lynette Dudley Richardson, an owner of an assisted living facility in Baltimore County, pleaded guilty to embezzling more than \$5,000 from an elderly woman suffering from dementia. Baltimore County Circuit Court Judge Thomas J. Bollinger sentenced Richardson to two years in jail, suspending all but 11 days and placed her on three years probation. The court ordered two special conditions of probation, Richardson must repay \$5,280 and she may not own, run or operate an assisted living facility while on probation.

In October 2004, Richardson was the owner of an unlicensed assisted living facility. In late October, Richardson met an elderly woman at an emergency room at Maryland General Hospital (MGH). The 80-year-old vulnerable adult was living on her own in an apartment building in Baltimore City. Richardson invited her to live with Richardson at the assisted living facility and she moved in the next day. A few days later, Richardson took her to a psychiatrist because she was showing signs of depression. The doctor determined immediately that she should be placed in the psychiatric ward at MGH and the woman was taken directly to MGH. On the way to the doctor's office, however, Richardson first took her to the patient's bank, where Richardson had her increase her personal line of credit to \$6,000.

She remained an inpatient at MGH for one week until November 2, 2004, when she was discharged to Richardson's custody while suffering from depression and dementia. During her inpatient term, Richardson began using the patient's credit cards for her own use and writing checks to herself on the patient's new line of credit.

From October 26 through November 27, 2004, Richardson wrote herself four checks totaling \$3,620 from the patient's account and spent more than \$1,600 on her credit card for her own benefit. She began using the woman's card on October 31, 2004, while she was in the psychiatric ward, to purchase dinner for herself and a companion in Ellicott City. Thereafter, in the next three weeks, she spent more than \$1,600 on the card, buying plane tickets for her relative to come to New York from Jamaica; paying \$210 for a limousine to drive her and a companion around New York and charging hotel stays out of state. Richardson also used the card at a racetrack in Delaware to take out \$430 in cash. The total billed on the card for Richardson's personal use was \$1,660. The total taken was \$5,280. None of the money was paid back.

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

**Patient Trust Funds: South Carolina**

Attorney General McMaster announced that Timothy Mack Welch was convicted on June 9 of Exploitation of a Vulnerable Adult. Beginning on or about September 2004 and continuing until on or about April 2006, Welch made an unauthorized, illegal or improper use of the funds of his father for the profit or advantage of himself or another person. Welch was sentenced by the Honorable L. Casey Manning to five years, suspended to five years probation and restitution in the amount of \$19,243.20.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Senior Assistant Attorney General William K. Moore, or Chief Investigator James Bagnall (803) 734 3660.

**Patient Trust Funds: Texas**

Attorney General Abbott announced on June 29 that Blanca Sanchez was sentenced to five years deferred adjudication, ordered to pay \$3,500 in restitution, \$500 in attorney fees, court costs, and serve 120 hours of community service. Sanchez pleaded no context on May 1, 2006, to Misapplication of Fiduciary Property. The case involves approximately \$20,000 of misappropriated funds from the client trust fund at Hondo Healthcare & Rehabilitation Center.

For further information contact Rick Copeland, Director or Jim Fossum, Chief Investigator (512) 463-2011.

**Pharmacies: New Jersey**

Attorney General Zulima V. Farber announced on June 26 that the manager of a pharmacy and a pharmacy technician have been sentenced for Medicaid fraud and related crimes. The defendants were convicted of billing Medicaid for prescription medicines that were never dispensed and giving illegal kickbacks to Medicaid beneficiaries, particularly HIV/AIDS patients, to obtain their prescriptions. The pharmacy where they worked, Ojah Pharmacy, also was found guilty of Medicaid and health care claims fraud.

Verona Boodram was sentenced by Essex County Superior Court Judge Michael L. Ravin to serve five years in state prison and to pay \$21,500 in restitution to the Medicaid program. Former pharmacy technician Alpha Bangoura was sentenced by Judge Ravin to serve six and one half years in state prison. The defendants were sentenced on their conviction on March 21, 2006 of health care claims fraud and Medicaid fraud, following a five week jury trial.

The jury found that between June 2002 through October 2004, Ojah Pharmacy, through Boodram and Bangoura, overbilled Medicaid more than \$40,000 for prescription medications that were not dispensed. The jury also convicted Bangoura and Boodram on charges that they enticed Medicaid patients, specifically HIV/AIDS patients, to turn over their prescriptions without receiving their medications by offering \$10 worth of store merchandise and an additional \$10 to \$100 in cash per prescription depending on the value of the medication.

For further information contact Deputy Attorney General Riza Dagli (973) 599-5886.

**Pharmacies: Texas**

Attorney General Abbott announced on June 9 that Eduardo Solis was sentenced to sixty days in the county jail and ten years probation. On April 7, Solis pleaded guilty to first degree theft, first degree insurance fraud and engaging in organized crime. Hermelinda Altamirano was sentenced to six years deferred adjudication probation as a result of her plea on April 7 to third degree felony insurance fraud.

On June 12, Juana H. Garcia was sentenced to ten years probation for first degree theft, first degree insurance fraud and engaging in organized crime. The defendants provided forged and stolen prescriptions to pharmacist Felix Maldonado who billed Medicaid for prescriptions that were never filled. Maldonado cooperated with the investigation and in a pre-trial diversion action agreed to repay the entire \$536,605.81. To date, \$465,798.86 has been recovered.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 463-2011.

**Program Fraud: New Hampshire**

Attorney General Ayotte announced on June 23 that Pauline Roseberry, an employee at one of the state's regional district offices for the Department of Health and Human Services, was charged

with the misdemeanor crime of Official Oppression. It is alleged that Roseberry forged her supervisor's initials in an effort to have a Medicaid file transferred to another regional office without being reviewed by the supervisor. The file at issue concerned the approval of Medicaid benefits for Roseberry's own mother, which Roseberry had processed on her own.

For further information contact Assistant Attorneys General Philip B. Bradley or Jeffrey S. Cahill, Director (603) 271 1246.

**Psychiatrists: Maryland**

Attorney General Curran, Jr. announced that Roman Ostrovsky, M.D., pleaded guilty to defrauding the Medicaid program of \$200,000 by billing Medicaid for services that were never provided. Baltimore County Circuit Court Judge John G. Turnbull, II, sentenced Ostrovsky to five years in jail, all but 12 months suspended, with the 12 months to be served in home confinement. In addition, Ostrovsky paid \$250,000 at the time of sentencing and is required to pay an additional \$150,000 over the next two years. Judge Turnbull placed the defendant on two years probation.

Ostrovsky is a licensed psychiatrist who from January 2002 to May 2004, engaged in a scheme to defraud Medicaid by billing for thousands of 45 minute therapy sessions that he did not perform.

During the period of the indictment, Dr. Ostrovsky billed for nearly 6,500 psychiatry sessions lasting 45-50 minutes each. His scheme was discovered because there were many days in which Dr. Ostrovsky billed for more than eight hours of services, and up to 19 hours of treatments for a single day. Dr. Ostrovsky frequently billed for more than 12 hours of services a day, services that he did not perform.

During the week of June 7-13, 2003, the defendant billed Medicaid for an average of almost 10 hours of services every day for five days straight. For the week of May 13-16, 2002, the defendant billed for 16 ½ hours a day for four straight days. Overall, he billed for more than eight hours of services 293 times during the period of the indictment.

For further information contact Assistant Attorney General Jason Weinstock (410) 576-6596.

\* \* \* \*

Attorney General Curran, Jr. announced on June 9 that Dr. Oparaugo Ihentuge Udebiuwa, a psychiatrist, pleaded guilty to defrauding the Medicaid program by billing Medicaid for services that were never provided.

He pleaded guilty to five counts of misdemeanor Medicaid Fraud for defrauding the Medicaid program of \$32,000 during a one year period. Dr. Udebiuwa admitted to fraudulently billing Medicaid by billing for services that he did not provide, by billing Medicaid for longer visits than he had actually provided, by billing Medicaid for medication management when patients were not on medication, and by billing Medicaid for family therapy when he did not provide family therapy. Medicaid is a joint state and federal-funded program that provides health services to the indigent.

For further information contact Assistant Attorney General Catherine Schuster Pascale (410) 576-6530.

**Social Workers: New York**

Attorney General Spitzer announced the guilty pleas of two social service workers on felony larceny charges. One defendant was convicted for fraudulently causing Medicaid to pay for services that were not provided and the other for stealing from client accounts funded by Medicaid dollars.

Milady Montero, formerly employed at the ARC of Monroe County, and Sheree Hudnell, formerly employed at the Hillside Children's Center, pleaded guilty in Monroe County Court before Judge Steven Lindley. Hudnell pleaded guilty to Grand Larceny in the Fourth Degree, while Montero pleaded guilty to Grand Larceny in the Third Degree, and to Falsifying Business Records in the Second Degree.

As part of her guilty plea, Montero admitted that while working at the ARC of Monroe County as a service coordinator for developmentally disabled persons, she intentionally falsified numerous monthly service coordination reports, documenting visits and services to ARC clients that she did not provide. Based on Montero's false reports, the ARC of Monroe County billed the Medicaid system for \$24,877, for services Montero never performed. As part of her sentence, Montero will be required to pay restitution to the ARC of Monroe County, in the amount of \$14,134, for her ill gotten wages and travel expenses for work she did not do. She also faces six months in jail, along with five years of probation.

Hudnell admitted that while working at the Hillside Children's Center as an Information Integrator, she stole from eight client emergency service accounts, funded by Medicaid, to pay her personal bills, for a total amount of \$7,698. As part of her sentence, Hudnell will be required to pay restitution to the Hillside Children's Center. She will also be sentenced to a five year term of probation.

For further information contact Special Assistant Attorney General Timothy McFarland (585) 262 3905.

**CASE UPDATES****Home Health Care Aides: Colorado**

Attorney General John Suthers announced on June 30 that Janice Comes, a Primary Care Provider (PCP), pleaded guilty to one count of Criminal Attempt Theft, a class five felony. Her co-defendant, and mother, was married to a man, Daniel Long, who was eligible to receive HCBS services including primary care. As his wife, the co defendant was not eligible to be Daniel Long's PCP. Comes conspired with her mother, Margaret Long, to have Comes signed time sheets as Daniel Long's PCP.

Comes did not disclose the fact that she was Long's daughter and that she lived with the Longs. Comes did not do any PCP work for Daniel Long. In addition, Comes included time for travel. Most of the money received from Medicaid was given to Long. At the time Comes and Long were submitting false time sheets, another PCP from a different company was actually providing services to Daniel Long. Comes and Long submitted false PCP time sheets for several months before the fraud was discovered. The loss to Medicaid was \$6,480. (*See: Medicaid Fraud Report, February 2006, pg. 5*).

The Arapahoe County District Court sentenced Janice Comes to three years of probation, 14 days in jail and an alcohol and substance abuse evaluation. Comes was also ordered to pay restitution.

For further information contact First Assistant Attorney General Mark J. Zammuto or Investigator Theresa Bradbury (303) 866 5431.

### **Home Health Care Agencies: Texas**

Attorney General Abbott announced on June 7 that Connie Persley pleaded guilty to felony theft charges and was sentenced to two years deferred adjudication, ordered to serve 120 hours of community service, and pay restitution in the amount of \$17,004. Previously, on May 12, her daughter Stephanie Diouf pleaded guilty to felony theft and was sentenced to 10 months in state jail. On April 3, a Harris County Grand Jury indicted Persley and Diouf for felony theft and warrants were issued. (*See: Medicaid Fraud Report, April 2006, pg. 8*).

Persley, the owner of NISSI Health Services, is a Houston provider for the Texas Department of Aging and Disabilities Services (DADS), Medically Dependent Children's Program (See: Medicaid Fraud Report, April 2006, pg. 8). This program provides home health services to support families caring for children who are medically dependent, and encourages moving children from nursing facilities back into their communities. NISSI Health Services allegedly billed for hours worked that were not provided. Medicaid paid NISSI over \$100,000 from November 2001 through November 2004. The investigation revealed a total of \$17,000 in over billing to Medicaid.

For further information contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 463-2011.

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