



National Association
of Attorneys General

MEDICAID FRAUD REPORT

September/October 2006

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Colorado Settles with O'Hara Regional Center

Attorney General John W. Suthers announced September 29 that the State of Colorado and the United States settled a lawsuit filed against the O'Hara Regional Center for Rehabilitation, Inc. (ORCR). As part of the agreement, ORCR reimbursed the state and federal governments \$1,900,000 for claims made to Colorado Medicaid and Medicare when ORCR was substantially out of compliance with state and federal regulations.

ORCR operated as a class V rehabilitation center, the only one of its kind in Colorado and a six state region. A class V facility was defined by state regulations as a sub-acute facility providing services for high acuity patients outside of a hospital setting. Many of these patients were ventilator dependent; many had severe head and spinal injuries. As a class V facility, ORCR was paid approximately twice the daily rate as a regular skilled nursing facility, due to the higher acuity and needs of the patients.

Some patients were admitted under the Colorado Medicaid Hospital Back-up (HBU) program. This program paid the facility even more than the class V daily rate. HBU patients were essentially stable, but required so much care that even the class V rate was insufficient to meet the needs of the patient. In these cases, the facility bid specific costs which were used to create a patient specific daily rate. Once the bid was approved, ORCR treated these patients the same as any other patients in the facility, failing to provide the services specified in the bid.

The Denver office of the U.S. Department of Health and Human Services, Office of Inspector General (HHS/OIG) and the Colorado MFCU conducted the investigation jointly. The investigation was complex and focused on several different issues, both criminal and civil, at different points in

time. The major focus of the investigation surrounded the facility's failure to provide sufficient staffing to meet the needs of the patients. Supplies and equipment were also affected by cost cutting policies. The systematic cost cutting activities resulted in residents receiving substandard care which was evidenced by poor surveys. Many dates were discovered where staffing was below the minimum level cited in regulations. These dates ultimately formed the basis for the civil false claims action filed by the United States Attorney's Office in 2004, which was settled in September. Of the \$1,900,000, the state Medicaid portion of the settlement was \$868,894, with the remainder to Medicare and the federal portion of Medicaid.

For further information contact Mark Zammuto, Director (303) 866-5431.

CASES

Adult Foster Homes: Oregon

Attorney General Hardy Myers announced on October 30 that William Whitfield entered into a civil settlement with the Oregon Department of Justice-Medicaid Fraud Control Unit and the Oregon Department of Human Services (DHS). Whitfield owned two different adult foster homes for individuals with developmental disabilities. He hired Diana Bielenberg to operate these adult foster homes. She was convicted earlier this year for two counts of Criminal Mistreatment in the First Degree for stealing over \$16,000 from the clients of these homes and sentenced to 13 months in prison and three years of probation for these crimes. Whitfield's failure to follow the administrative rules regarding documentation and oversight of these homes allowed his employee to commit these illegal acts on his clients.

In the settlement, Whitfield agreed to surrender his licenses; agreed to never apply for a DHS license to provide care to a vulnerable population again; agreed to not be employed in any capacity paid with state or federal health care dollars; agreed to pay \$10,000 in civil penalties to DHS (\$8,000 of this penalty is stayed upon compliance with the settlement agreement); agreed to pay \$3,000 to the Medicaid Fraud Control Unit for fees and costs and acknowledged that his case would be referred to OIG to be entered into the exclusions database.

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

Case Management Services: Texas

Attorney General Greg Abbott announced on October 23 that Noel W. Jones and Phyllis Conner Jones were indicted by a grand jury on charges of Theft. Liaison Healthcare, Inc., was a medical case management service owned and operated by Noel W. Jones and Phyllis Conner Jones. Between May 2001 and June 2002, Liaison submitted billings for case management services that were not provided. Based on interviews with Medicaid recipients and former employees, it was determined that a number of these persons either did not know what Liaison Healthcare was or that

no services were provided. The overpayment was identified as \$455,611.19. A review of the files obtained during the investigation and determined that 57% of the files were non-billable services.

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

Counselors: Texas

Attorney General Abbott announced on September 1 that a Harris County grand jury returned an indictment charging former billing clerk Shanta Denise Allen with felony theft. E. A. Christian Faith Services was a counseling service that was owned and operated by Eric D. Allen in Houston. Allen employed a number of licensed professional counselors between February 2002 and June 2003. The counselors that were interviewed stated after reviewing the records, they either did not perform the services that were billed to Medicaid or the services were billed incorrectly by E.A. Christian Services. E.A. Christian Services also continued to bill Medicaid for services performed by the counselors after they terminated their employment with the company. Based on written statements, the amount of the theft/overpayment is estimated to be \$109,919.60.

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

Drug Diversion: Rhode Island

Attorney General Patrick C. Lynch announced that Glynis Feole pleaded nolo contendere to larceny of goods under \$500 (amended charge) in Providence County Superior Court and received a one year suspended/probation.

General Lynch said Feole appeared in court on October 18 and pled nolo contendere to one count of larceny of good under \$500. According to the Medicaid Fraud Control & Patient Abuse Unit's criminal complaint, the defendant was employed at Morgan Health Center, a nursing home facility, as a RN.

The defendant diverted Oxycontin by giving a resident a pill, Sensipar, which looks like Oxycontin. The resident noticed that the suspect pill was smaller and was stamped differently from the Oxycontin he usually received. Additionally, the resident was suspicious of the defendant, because on the two previous nights the resident vomited after the defendant medicated him. It should be noted that Sensipar is for chronic kidney disease and will cause someone to become ill who does not have chronic kidney disease. After receiving the pill on the third night, the resident turned the pill over to another nurse. It was determined by the state Toxicology Lab that the pill was Sensipar. It should also be noted that the Oxycontin is kept in a separate locked drawer and is labeled with the patient's name. The defendant voluntarily surrendered her license claiming that she had a relapse of her addiction.

For further information contact Special Assistant Attorney General Kathleen A. Keating (401) 274-4400 extension 2426.

Drug Diversion: Texas

Attorney General Abbott announced on September 7 that Licensed Vocational Nurse (LVN) Leslie Anne Harvey pled guilty before Judge Sharon Macrae to obtaining a controlled substance by fraud. She was given deferred adjudication, placed on three years probation, and fined \$2,000 plus \$293 court costs. Harvey admitted to diverting hydrocodone prescribed for residents of Retama Manor Nursing Center in San Antonio.

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Attorney General Abbott announced on September 28 that a grand jury indicted Licensed Vocational Nurse (LVN) Thomas Keith Grady, on one count of Possession of a Controlled Substance by Fraud, and one count of Tampering with a Government Record. The investigation revealed that Grady diverted Hydrocodone, belonging to a resident, for his personal use while employed at the Manor Care Health Services in North Richland Hills, Texas. It was alleged that Grady changed the doctor's orders from PRN (as needed) to routine, and obtained more hydrocodone than the patient was prescribed. Grady had the hydrocodone delivered to the facility on his shift.

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Attorney General Abbott announced on September 29 that Licensed Vocational Nurse (LVN) Kathryn Williams was sentenced in Bell County District Court to two years deferred adjudication and ordered to pay a \$500 fine. Williams was indicted on December 7, 2005, and pled guilty on August 11 for Obtaining a Controlled Substance by Fraud, stemming from an occurrence on February 9, 2005, when the Director of Nurses at the Rosewood Retirement Center noticed a discrepancy in a resident's narcotic count sheet. According to the narcotic count sheet, Williams gave a resident four Hydrocodone tablets in an eight-hour time period when the resident was only prescribed one tablet every four hours by her physician. During the interview of Williams, she admitted taking Hydrocodone from the resident at the facility.

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Attorney General Abbott announced on October 12 that Registered Nurse (RN) Danny Keith Beard pleaded guilty to the offense of Obtaining a Controlled Substance by Fraud. Beard was sentenced to five years deferred adjudication and ordered to pay \$308 in court costs and \$50 to Crime Stoppers.

On October 14, 2005, a resident was transferred from the Hillside Plaza Nursing Home to Riverside Hospital. It was reported that her prescription medications were sent with the resident. At approximately 11:30 p.m., Beard was acting in a strange manner and left prior to the end of his shift

and did not give his final report to other staff members. Later that same night, the facility received a call from a Deputy Sheriff stating that Beard had been found at a convenience store and was staggering. At the time that Beard was questioned by the Deputy and the Deputy found six vials of Lorazepam in his pocket. After the call from the Deputy, staff at the Hillside Plaza Nursing Home checked to see if the resident arrived at the hospital with all of her medications. At that time, it was discovered that ten vials of Lorazepam was missing.

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Attorney General Abbott announced that on October 26 that Licensed Vocational Nurse (LVN) Leroy Zapata was indicted by a grand jury for Fraud and Tampering with a Governmental Record. Zapata is an LVN at Lynwood Nursing and Rehabilitation. Zapata admitted to taking Lortab from patients at Lynwood and using them for his own personal use.

For further information on these cases contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 371-4700.

Drug Diversion: Vermont

Attorney General William Sorrell announced on October 20 that Margie Yoder was arraigned in Vermont District Court for Washington County on one count of Obtaining a Regulated Drug by Deceit, a felony; one count of Making a False Statement in Records, a felony; and one count of Abuse of a Vulnerable Adult, a misdemeanor. Yoder was released on standard conditions plus the conditions that she not provide direct patient care or buy, have, or use regulated drugs without a prescription.

The charges stem from her employment as a Licensed Registered Nurse at Berlin Health and Rehabilitation Center. She was also employed as a Registered Nurse at the Vermont State Hospital. Her employment at both facilities has been terminated. According to papers filed in court, Yoder admitted that on August 15 she had removed a time-released patch containing the narcotic fentanyl, that had been prescribed for pain relief for a nursing home resident, and ingested the remaining narcotic; ingested three Dilaudid pills prescribed to another resident; and recorded administration of two Percocet pills to another resident while administering only one and secreting the second pill for her own use.

For further information contact Assistant Attorney General Linda A. Purdy (802) 741-4440.

Durable Medical Equipment: Texas

Attorney General Abbott announced on September 18 that a grand jury indicted Christian Okey Onwuegbusi on charges of theft over \$200,000, a 1st degree felony. Allegedly, Christian Onwuegbusi, d/b/a TMMI, billed both Medicaid and Medicare a total of \$1,082,842 for physical therapy services not rendered. Medicaid paid \$108,107 and Medicare paid \$582,310 for physical

therapy and related services from May 1999 through September 2002. In May 2002, TMMI opened a DME company and was issued a Medicare provider number listing Christian Onwuegbusi as the Director/ Officer. From September 2002 through June 2003, TMMI billed Medicare almost \$1.2 million and was paid \$900,000 for DME products, predominately wheelchairs.

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Attorney General Abbott announced on October 11 that Sergio Perez and Juan Avila were both indicted on one count of Medicaid fraud. The defendants are the owners of La Paloma Medical Supply. The charges are based upon approximately \$100,000 of incontinence supplies that were billed to Medicaid but never delivered.

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Attorney General Abbott announced on October 11 that Linda Michelle Lopez and Priscilla Gonzalez were both indicted on one count of Medicaid fraud. The defendants are the owners of Starr Medical Equipment. The charges are based upon approximately \$105,000 of incontinence supplies that were billed to Medicaid but never delivered.

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Attorney General Abbott announced on October 13 that a federal jury in the Southern District of Texas found four defendants guilty; Dr. Jayshree Patel was found guilty of Health Care Fraud; Dr. Charles Skripka of Conspiracy, Health Care Fraud, Wire Fraud and Money Laundering; Pius James Ekiko guilty of Conspiracy, Health Care Fraud, Wire Fraud and Money Laundering; and Dennis Brown of Conspiracy, Health Care Fraud and Wire Fraud. The total scheme involved over \$21 million in Medicare/Medicaid dollars. Skripka and Patel were doctors employed by Lewis Gottlieb to write fraudulent CMNs. Dennis Brown was a recruiter from Louisiana who brought Medicare patients by vans, cars, and buses to Skripka and Patel. Allegedly, Iyalla and Ekiko billed Medicare and Medicaid for wheelchairs, but instead delivered scooters to patients. This case was investigated jointly with the FBI and HHS. From August 2002 through June 2003, the total amount paid was \$1,422,714.55 with \$228,057.73 from Medicaid and \$1,194,656.82 from Medicare. It has been determined that all the billing was fraudulent.

For further information on these cases contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 371-4700.

Home Health Care Aides: Minnesota

Attorney General Mike Hatch announced that on August 17 Sofia Litovsky pleaded guilty to theft by false representation

Litovsky was a home health aide employed by three different home health care provider organizations. The agencies relied on Litovsky's time cards and paid her for hours of service she claimed to have provided. In an investigation conducted by MFCU, with surveillance help by the local unit of the Federal Bureau of Investigation, it was determined that while Litovsky was on a one-week cruise, her time cards reported that she worked 104 hours. During another one-week trip to Florida, Litovsky reported on her time cards that she worked a total of 112 hours. One client reported that Litovsky would come once a day to the apartment while her time cards reported she came to the client's apartment twice a day every day of the week except Sundays. Another client said she does not awaken until 7:00 a.m., yet Litovsky's time cards reported her providing services to that client beginning at 6:00 a.m. Other clients reported being hospitalized while Litovsky was their home health worker. Hospital records were compared with Litovsky's time cards. Litovsky fraudulently reported providing services to clients while they were hospitalized.

Litovsky was sentenced to a stay of imposition and placed on probation for ten years. The conditions of probation are that she serve 60 days in the Hennepin County workhouse, pay Medicaid restitution in the amount of \$2,428.56, pay restitution to the pre-paid medical assistance plan in the amount of \$5,035.55, and pay costs of investigation and prosecution in the amount of \$5,000. In addition, Litovsky is not allowed to work with vulnerable adults.

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

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On September 11, Attorney General Hatch announced that Adela Kazaniuk pleaded guilty to theft by false representation. Kazaniuk was a home health aide who worked for multiple home health care provider organizations and billed in excess of 40 hours per week. In addition, Kazaniuk was employed as an independent contractor providing Russian translation.

In an investigation conducted by the MFCU, with surveillance help from the local unit of the Federal Bureau of Investigation, it was determined that Kazaniuk billed for services that were not provided. Kazaniuk billed for services she did not provide while she was on a Caribbean cruise. During the week of November 15 - 21, 2004, she billed for services that were not provided when she billed 85 hours providing home health care services and an additional ten hours working as a translator. Surveillance conducted by the FBI during that time period showed she could only have worked a total of 45 hours and 17 minutes. Kazaniuk also billed for services that were not provided when clients were hospitalized.

On September 11, Kazaniuk was sentenced to a stay of imposition and placed on probation for a period of five years. The conditions of probation are that she serve 40 days in the Hennepin

County workhouse, pay Medicaid restitution in the amount of \$806.55, pay restitution to the pre-paid medical assistance plan in the amount of \$3,549.33, and pay costs of investigation and prosecution in the amount of \$3,700.

For further information contact Assistant Attorney General Andrew Schutte (651) 297-4006.

Home Health Care Aides: Ohio

Attorney General Jim Petro announced on March 21 that Tina Proctor was indicted on one count of Medicaid Fraud and one count of Medicaid Fraud. On July 17, Proctor entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree. On September 15, Proctor was sentenced to five years of community control, and ordered to pay restitution in the amount of \$12,564. Proctor, an independent provider, was identified on a report that indicated providers who frequently billed for 16 hours or more of daily living services on a single date.

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Attorney General Petro announced on March 21 that Anthony Doremus was indicted on one count of Medicaid Fraud. On August 21, Doremus entered a plea of guilty to one count of Medicaid Fraud. On September 26, Doremus was sentenced to five years of community control, and ordered to pay restitution in the amount of \$10,100. Doremus billed Medicaid for skilled nursing services that he did not render to the recipient.

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Attorney General Petro announced on June 20 that John Brown was indicted on one count of Medicaid Fraud. On September 6, Brown entered a plea of guilty to one count of Medicaid Fraud. On the same day, Brown was sentenced to an eight month prison term; suspended, five years of community control, ordered to obtain and maintain employment, ordered to pay the cost of his supervision, and ordered to pay restitution in the amount of \$16,332 within five years. Brown was an independent provider who billed for services not rendered and/or authorized.

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

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Attorney General Petro announced on March 21 that Tamar Smith was indicted on one count of Medicaid Fraud. On September 19, Smith entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree. Also on September 19, Smith was sentenced to a six month prison term; suspended, one year probation, ordered to pay a fine of \$200, and ordered to pay restitution in the amount of \$1,152.

Smith, an independent provider, was identified as billing for services not rendered, billing for services while a recipient was undergoing treatment at a hospital, and billing for services after being terminated.

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Attorney General Petro announced on April 18 that Cameron Warner was indicted on one count of Medicaid Fraud. On July 10, Warner entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree. Also on July 10, Warner was sentenced to a six month prison term; suspended, and ordered to pay \$1,747.25 to EJQ Home Health Care, Inc. Warner submitted false time sheets, which caused EJQ to bill for false claims.

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

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Attorney General Petro announced on June 20 that Loretta Watson was indicted on one count of Medicaid Fraud, a felony of the fourth degree. On September 19, Watson entered a plea of guilty to one count of Theft, a misdemeanor of the first degree. Also on September 19, Watson was sentenced to a six month prison term; suspended, five years probation, and ordered to pay restitution in the amount of \$10,000. Watson, a home health nurse, billed Medicaid for services not rendered.

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Attorney General Petro announced on October 19 that a complaint was filed charging Jennie Stapleton with one count of Receiving Stolen Property, a misdemeanor of the first degree. The same day, Stapleton entered a plea of guilty to one count of Receiving Stolen Property, a misdemeanor of the first degree. Also on October 19, Stapleton was sentenced to 18 months prison; suspended, two years probation, ordered to perform 40 hours of community service, fined \$100, and ordered to pay restitution in the amount of \$3,456.

Stapleton was a home health worker who stopped caring for a child. The mother of the child (who has been indicted) did the billing for the defendant. The mother continued to submit claims after the work stopped. The defendant knew she was receiving money she was not entitled to, but kept it anyway.

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

Home Health Care Aides: Wisconsin

Attorney General Peg Lautenschlager announced on September 6 that Laverne Bell, appeared before Dane County Circuit Court Judge James L. Martin and entered guilty pleas to three counts of felony forgery. Additional counts of felony operating vehicle without owner's permission and felony theft from resident will be read in at the time of sentencing.

According to the Department of Justice's criminal complaint, Bell was employed by Interim Healthcare, a healthcare agency that provides in-home nursing and healthcare. Bell was a caregiver assigned to the victim, a woman who suffers from Alzheimer's disease. Bell took advantage of her position and of the victim's disability by repeatedly using the victim's Visa credit card to purchase personal items for herself. Bell committed the crimes of forgery by fraudulently signing the victim's name on the credit card receipts. Bell was also charged with taking and using the victim's 1992 Buick LaSabre.

For further information contact Assistant Attorney General Michael Bauer (608) 266-7876.

Medical Transportation: Texas

Attorney General Abbott announced on September 14 that a federal grand jury for the Eastern District of Texas in Sherman, Texas, indicted Anura Andradi, owner of Doctors Ambulance Service, for Healthcare Fraud and Money Laundering. Doctors Ambulance was charged with transporting ambulatory patients to and from dialysis treatments, and billing the Medicaid and Medicare Programs as if they were covered transports. Doctors operated between March of 2004 and December of 2005 during which time they were paid \$176,000 by the Medicaid Program and \$1.3 million by the Medicare Program for the allegedly fraudulent transports.

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

Nurses: Texas

Attorney General Abbott announced on October 23 that Registered Nurse (RN) Victor Chukwuocha was indicted by a grand jury for Tampering with a Governmental Record. Chukwuocha, doing business as CNE Health Services, was charged with billing for services not rendered. Several patients have been interviewed and claimed to have never seen the nurse or even heard of him. The primary complainant stated that she provided a representative of CNE Health Services the Medicaid numbers of her seven children because she was promised various kinds of assistance. She did not receive any services. It has been alleged that from August 2002 until August 2003 Medicaid paid \$40,879 for services not rendered.

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

Nurses: Vermont

Attorney General Sorrell announced that Denise Robin who is currently residing in Connecticut, was arraigned in Windham District Court on one count of Obtaining Regulated Drugs by Deceit and one count of Abuse of a Vulnerable Adult at the Brattleboro Retreat. According to the affidavit filed with the court, Robin, a registered nurse, allegedly took a patient's narcotic medication and the patient went for some time without her medication, leaving her in distress. Robin faces a total incarceration of over three years and possible fines of up to \$15,000 for the two charges. She also faces exclusion from working in any Medicaid or Medicare funded facility for at least three years. The Nursing Board has summarily suspended her license to practice as a nurse. The court imposed conditions of release regarding a prohibition against using any illegal narcotics.

For further information contact Assistant Attorney General Linda A. Purdy (802) 741-4440.

Patient Abuse: Massachusetts:

A former nursing assistant who is charged with abusing an elderly Alzheimer's patient at a nursing home in 1990 was sentenced to jail time after he pleaded guilty to abusing patients at a nursing home, Attorney General Tom Reilly announced on October 20. Richard Elton Rudy pleaded guilty to one count each of patient abuse, and assault and battery as well as two counts of failure to appear. The failure to appear charges were the result of Rudy's long history of defaults on the patient abuse charges over the past 15 years.

Lynn District Court Judge Matthew Nestor adopted the recommendation of Assistant Attorney General Toby Unger and sentenced Rudy to serve 18 months in the Middleton House of Corrections. Rudy will serve one year on the abuse charges and six months for the failure to appear counts. Rudy had been returned to Massachusetts three weeks earlier after the Medicaid Fraud Control Unit learned he was living in Arizona, had him arrested on the default, and extradited him back to Massachusetts. Rudy was charged following an investigation by the Medicaid Fraud Control Unit (MFCU) into abuse that occurred at the Jewish Rehabilitation Center for Aged of the North Shore, Inc., where Rudy was employed as a nursing assistant from August 1990 until December 1990.

The investigation uncovered that in November 1990, while providing care to an elderly Alzheimer's patient, Rudy pushed the patient up against a bathroom wall, held him by the shoulders, violently kned him in the groin, and said "Merry Christmas." The entire incident was witnessed by another nursing assistant.

Jewish Rehabilitation staff members reported the abuse incident to nursing home administrators, who fired Rudy on December 3, 1990, and referred the matter to the Department of Public Health (DPH) and the Attorney General's Office. On January 10, 1991, DPH conducted an independent investigation of the abuse incident.

On the basis of the MFCU and DPH investigations of this matter, the Attorney General's Office brought a criminal complaint against Rudy in September 1991, charging him with one count of

patient abuse and one count of assault and battery. Over the next fifteen years, Rudy defaulted on four different court dates and fled the Commonwealth twice to avoid prosecution on this matter.

In 1991, Rudy failed to appear for his arraignment and left the Commonwealth. Rudy only reappeared in Lynn District Court in 2003, upon his arrest for an unrelated assault and battery. Rudy then defaulted on three additional scheduled court dates in this matter. The last default occurred on the scheduled trial date of January 26. On that date, the Attorney General's Office obtained a non-bailable warrant for Rudy's arrest, and charged Rudy with two counts of failure to appear or bail jumping. Upon continued investigation by the Attorney General's Office, it was determined that Rudy had, again, fled the Commonwealth to avoid prosecution. On August 24 Rudy was arrested in Arizona as a fugitive of justice, and on September 18, 2006, the Attorney General's Office brought Rudy back to Massachusetts to finally face charges.

For further information contact Assistant Attorneys General Toby Unger and Sara DeSimone or Investigators Joseph Shea and John Curley (617) 727-2200.

Patient Abuse: Mississippi

Attorney General Jim Hood announced that Erica Epting pleaded guilty on October 19 in Jones County Justice Court to one count misdemeanor abuse of a vulnerable adult for abusing a resident of Ellisville State School. Erica Epting was ordered to 30 days in jail with 30 days suspended, and ordered to pay a fine of \$137.50 and court cost of \$107.50 (\$245 total).

For further information contact Special Assistant Attorney General Scott Stuart (601) 359-4220.

Patient Abuse: New York

Attorney General Eliot Spitzer announced on September 7 that a Certified Nurse Aide formerly employed at the Auburn Nursing Home has been charged with physically abusing an elderly and incompetent patient suffering from dementia.

Shanika N. Williams appeared before Judge Michael McKeon in the Auburn City Court and was charged with one count of Willful Violation of Health Laws and one count of Endangering the Welfare of an Incompetent or Physically Disabled Person arising from her care of a patient of the Auburn Nursing Home on May 11. The charges allege that she struck the patient on her face, producing a bruise near her mouth. Williams had been working at the Auburn Nursing Home for about one month until she was terminated from employment on May 16, due to her alleged conduct.

For further information contact Special Assistant Attorney General Norman S. Hatt (315) 423-1113

Patient Abuse: Rhode Island

Attorney General Lynch announced that Janice Guglielmotti pleaded nolo contendere in Kent County Superior Court to simple assault and received six months probation.

According to the Medicaid Fraud Control & Patient Abuse Unit's criminal complaint, Guglielmotti was employed at Woodpecker Hill, a nursing home facility, as a certified nursing assistant (CNA).

On April 7, the defendant and another CNA were assisting a resident who is elderly, mentally handicapped, blind in one eye, and who has limited use of her limbs, to the bathroom. This resident usually cried when she is put on the toilet. On this day, as the defendant was helping the resident to the toilet, the resident began to cry and then the cry became muffled. The other CNA turned and observed that the resident had toilet paper, about six or seven sheets, in her mouth. It should be noted that the resident could not get toilet paper on her own. When questioned by the investigator, the defendant claimed that she had no recollection of the incident.

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Attorney General Lynch announced Courtney Reichenbach pled nolo contendere in Kent County Superior Court to simple assault and received one year probation and was ordered to have no contact with the victim.

General Lynch said Reichenbach appeared in court on August 24 and pled nolo contendere to one count of simple assault. According the West Warwick Police Department's criminal complaint, Reichenbach was employed by Perspectives Corporation, a group home organization, as a direct care staff person.

On March 14, the West Warwick Police Department received an anonymous call regarding a disabled person left unattended in a van in front of the defendant's residence for approximately two hours. The police responded to the scene and found a 22-year old developmentally disabled, non-verbal resident of Perspectives Corporation, in the van. Next, the police found the defendant at her home. Initially, the defendant admitted being home for only a few minutes because she had to go to the bathroom. Ultimately, after being confronted with the time discrepancies, the defendant admitted leaving the resident in the van for the entire two hours.

For further information on both cases contact Special Assistant Attorney General Kathleen A. Keating (401) 274-4400 extension 2426.

Patient Abuse: Texas

Attorney General Abbott announced on October 3 that former registered vocational nurse Vickie Dawn Jackson pleaded no contest to charges involving the deaths of ten patients of Nacona General Hospital. The plea occurred prior to the start of her scheduled capital murder trial. On October 8 she was sentenced to life. The trial was moved due to the publicity regarding the deaths

that occurred at the hospital where Jackson worked in 2000 and 2001. Jackson's indictments allege that she caused the deaths of patients by injecting them with Mivacurium Chloride, a drug administered by syringe or IV. This drug is used to temporarily halt breathing in order to insert a breathing tube.

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

Patient Neglect: Texas

Attorney General Abbott announced on September 6 that an indictment was returned by a grand jury against defendant Beatriz S. Ceballos. She was charged with Injury to an Elderly Individual. Allegations of neglect and injury have been made against Beatriz Ceballos regarding a 77-year-old nursing center resident/victim at the Coronado Nursing Center. The victim had difficulty swallowing and had a doctor's order for a special diet. The diet orders were not followed by the center causing the victim to choke on the food and become unconscious. She was transported to a local hospital and about a week later, the victim died.

For further information contact Texas MFCU Director Rick Copeland or Chief Investigator Jim Fossum (512) 371-4700.

Patient Trust Funds: Mississippi

Attorney General Hood announced that Pamela Walker pleaded guilty on October 23 in the Circuit Court of Madison Co. to one count felony false pretense and one count felony identity theft. Walker obtained and used the identity of a resident of The Orchard to obtain financial credit for her own personal use. Walker was ordered to serve five years with the Department of Corrections with four years suspended, five years probation, (one year to be served on house arrest), and ordered to pay a fine and court costs of \$2,509, and restitution of \$14,002.09 (including \$5,042.02 to Belk, \$3,494.97 to Dillard's, \$4,615.10 to Got Gear Sports, \$850 to Trustmark, \$250 to Crime Victim's Compensation Fund).

For further information contact Special Assistant Attorney General Molly Miller (601) 359-4220.

Personal Care Attendants: Minnesota

Attorney General Hatch announced on July 19 that Dale Scott Inman pleaded guilty to theft by false representation. Inman was a personal care attendant (PCA) who provided services to a 14-year old child with Asperger Syndrome. The child lived with his mother and he also spent one night a week and certain weekends with his biological father. Inman also lived with Smith while acting as PCA to her son. (It was later learned that Inman and Smith were married.) Inman also worked at a pediatrics clinic and urgent care clinic.

An investigation conducted by the MFCU determined that Inman billed for PCA services during times he was on the clock at the pediatrics or urgent care clinic; billed for PCA services while the child was with his biological father and therefore could not have received services, and billed for times when the child was hospitalized. The child's mother signed those false time cards. On August 30, Inman was sentenced to a stay of imposition and placed on probation for 10 years. The conditions of probation are that he serve 90 days in the Hennepin County workhouse and pay restitution totaling \$18,724.75 (\$18,238 to the pre-paid medical assistance plan and Medicaid restitution of \$486.75 to the Department of Human Services) joint and several with Lisa Smith-Inman.

Lisa Smith-Inman was also charged and pleaded guilty to theft by false representation. On August 30 she was sentenced to a stay of imposition and placed on probation for 10 years. The conditions of probation are that she serve 90 days in the Hennepin County workhouse and pay restitution joint and several with Dale Inman.

For further information contact Assistant Attorney General Andrew Schutte (651) 297-4006.

Personal Care Attendants: Vermont

Attorney General Sorrell announced on August 29 that Heather Bright was charged with two felony counts of fraud for submitting time sheets to Medicaid for personal care she did not provide to two Medicaid recipients.

According to papers filed with the court, Bright was a caregiver paid by Medicaid to provide personal care to two developmentally disabled individuals. She submitted for payment and received payment for services she did not provide. Total compensation wrongfully obtained by Bright was \$1,632.

For further information contact Assistant Attorney General Linda A. Purdy (802) 741-4440.

Pharmacies: Texas

Attorney General Abbott announced on October 18 that a grand jury indicted Erasmo Cantu, owner of Cantu Westside Pharmacy, on two counts of First Degree Felony Theft and two counts of Insurance Fraud. The indictment was based on allegations that Cantu submitted a total of \$5,269,943.13 in fraudulent claims that were paid by Medicaid.

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

Physicians: Texas

Attorney General Abbott announced on September 1 that Dr. Robert Byrnes was arrested in on an outstanding warrant issued by a grand jury for Identity Theft and Possession of Dangerous Drugs. The arrest followed an indictment on August 29 after an MFCU investigation of allegations that Byrnes over-prescribed oxycontin to a Medicaid recipient. During 2005, Dr. Byrnes received Medicaid payments of \$27,883.13 related to prescriptions issued to this recipient. His federal license to prescribe narcotics was suspended by the DEA on August 11.

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

Social Workers: Delaware

Attorney General Joseph R. Biden III announced that Sachin J. Karnik, owner and operator of Comprehensive Counseling Services, pleaded guilty to one count of felony Health Care Fraud on October 17. Superior Court Judge Fred S. Silverman sentenced Karnik to four years of probation and ordered him to make restitution in the amount of \$63,040.73 to Delaware Physicians Care Incorporated and \$2,500 to the Delaware Medicaid Fraud Control Unit. Karnik, a licensed clinical social worker, admitted that, between November 1, 2005 and May 31 he engaged in a pattern of presenting fraudulent health care claims to Delaware Physicians Care, Inc., a managed care organization for Delaware Medicaid, by presenting false statements in support of claims for payment.

Karnik's fraudulent scheme involved obtaining additional family information from his patients and falsely billing for counseling services not provided to the other family members. He also obtained additional names of Medicaid recipients and billed for counseling services not rendered.

For further information contact Deputy Attorney General Jim Apostolico (302) 577- 8830.

Social Workers: Texas

Attorney General Abbott announced that on September 13 Vincent Chukwuemeka Agu was found guilty for Felony Theft. He was sentenced to four years incarceration at the Texas Department of Corrections and ordered to pay a \$10,000 fine. Agu, a licensed social worker and the former owner of a Houston-based case management company, Innovations & Imaginations, was convicted of fraudulently billing the Texas Medicaid program for over \$21,000 in counseling sessions that were never provided to Medicaid recipients from April 1, 2002, through August 22, 2003.

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

Substance Abuse Counselors: Texas

Attorney General Abbott announced that on October 5 a federal grand jury returned a 15-count indictment against Gayla R. Thurman for violations of Healthcare Fraud. Thurman was the

Executive Director of Artie B's Bridge of Hope in Orange, Texas, which was a Medicaid provider for adolescent chemical dependency counseling. The allegations in this case are that Artie B's was providing medically unnecessary services to adolescent Medicaid recipients and was also billing Medicaid for services not rendered. The suspected overpayments in this case are \$760,478.06.

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

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