



MEDICAID FRAUD REPORT

December 2006

INSIDE

Texas Indicts 33 Durable Medical Equipment Providers	1
Cases	2

Texas Indicts 33 Durable Medical Equipment Providers

Attorney General Greg Abbott announced that 33 Houston area Medicaid providers were indicted by the Harris County Grand jury for Medicaid fraud. These indictments were a part of a major investigation by the Medicaid Fraud Control Unit (MFCU), into a major fraud scheme involving primarily incontinent supplies. The investigation involved durable medical equipment (DME) companies and individuals who allegedly billed the Texas Medicaid Program for almost \$8 million for incontinent supplies that were never delivered to the Medicaid recipients.

This first came to the attention of the MFCU through referrals from the Office of the Inspector General, Texas Health and Human Services Commission. The referrals were based upon complaints received by Medicaid recipients and others regarding individual providers. None of the complaints, when viewed independently, appeared to represent a major fraud problem. However, when consolidated, the complaints represented an \$8 million cottage industry of Medicaid fraud, primarily with the delivery of incontinent supplies in a reasonably small geographic area. It was at that time that the MFCU decided to take the "Special Operations" approach and address the overall problem in the Houston area as one investigative operation and to do it as quickly as possible to "stop the bleeding" of Texas Medicaid dollars. This is the first time the MFCU has taken a Special Operations approach to a Medicaid fraud problem and the first time that it addressed a group of Medicaid providers as a consolidated investigation.

The MFCU discussed the fraud problem with the Harris County District Attorney's Office staff and they also recognized the need to take an expedited and consolidated approach to this fraud problem. In July, 2006, the MFCU assembled a team of 27 investigators and 8 investigative auditors in Houston. This included staff from across Texas, who were sent to Houston on a 60-day temporary assignment. During this period the special operation staff

conducted more than 1,200 interviews and produced investigative reports that supported the Harris County District Attorney's indictments.

For further information contact Rick Copeland, Director (512) 371-4700.

Counselors: Maryland

Attorney General J. Joseph Curran, Jr. announced that Gabriel W. Adelanwa, a licensed certified professional counselor and Medicaid provider of mental health services was convicted of Medicaid fraud. Judge Michael Whalen sentenced Adelanwa to five years in the Division of Corrections and suspended all but nine months to be served at the Prince George's County Detention Center on home detention. He was placed on five years of probation upon his release and ordered to pay restitution to the state Medicaid Program totaling \$366,000. At the time of his guilty plea on November 20, he paid \$183,000 toward restitution.

Operating his counseling business as Therapeutic Associates, Inc, Adelanwa submitted claims to, and received payment from, the Medicaid Program---totaling more than \$400,000 within less than two years. Of that money, \$366,000 was determined to be fraudulent.

Over the two-year period, Adelanwa repeatedly submitted claims for rendering as many as 36 to 51 sessions of service per day, although each session of service is approximately 45-50 minutes. In other instances, he billed for services that were provided by two non-credentialed individuals. He submitted more than 2500 claims in which he 'upcoded' a 45-50 minute visit to 75-80 minutes. He also billed and received payment for group and family therapy, although there was no evidence that such services were ever rendered. Several clients said that he saw them no more than five times and then abandoned them, although he billed for rendering as many as 193 sessions of services for some of those same clients. Most of his clients were children with significant psycho-social issues and truly needed mental health services.

Adelanwa was suspended from the Medicaid program and as a provider of public mental health services in July 2004. As an additional consequence of his conviction, Adelanwa faces exclusion from the program as a Medicaid provider for a period of at least five years.

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

Counselors: Texas

Attorney General Abbott announced on December 1 that Janet Butler pleaded guilty to one count of theft by deception from the State of Texas Medicaid program. She was sentenced to ten years in the Texas Department of Criminal Justice, suspended for ten years. Restitution was agreed in an amount of \$60,000 which Butler tendered at the plea. Butler, a licensed professional counselor (LPC), operated a private school for children she diagnosed with attention deficit disorder. The plea was based on charges that Butler would bill the Medicaid program for

individual counseling services that she did not provide. She billed up to 200 hours per business day on the basis that if the children were present, "they were in counseling."

* * * *

Attorney General Abbott announced on December 15 that Michael J. Bartos III, a licensed professional counselor (LPC) was indicted by a grand jury. Bartos was indicted based on allegations that he billed Medicaid for counseling services that were not rendered.

* * * *

Attorney General Abbott announced on December 7 that a grand jury indicted licensed professional counselor Sigifredo Flores on one count of theft over \$20,000 and under \$100,000. Flores was indicted on numerous other charges; five counts of indecency with a child, second degree felonies; two counts of criminal attempted sexual assault of a child, third degree felonies; and eighteen counts of sexual assault. Flores allegedly provided group counseling to three or four patients at a time but billed Medicaid for individual counseling. Sessions that were approximately fifteen minutes in duration were allegedly billed by the provider as one-hour sessions. It was also alleged that sexual misconduct occurred. During the time period of 2004 to June of 2005 Medicaid paid the provider \$258,134.02.

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

Dentists: Maryland

Attorney General Curran announced that Azad Ally, DDS, formerly a dentist licensed in Maryland and Medicaid provider of dental services, was sentenced to six months in jail for his role in stealing from the Medicaid program. Baltimore City Circuit Court Judge Wanda Keyes Heard also ordered Ally to pay \$9,000 in restitution, which was part of a total of \$300,000 due from Ally and his co-conspirator spouse, Nelinee Deonarine.

From August 1997 through May 1999, Ally submitted nearly 1,500 false claims to a Medicaid health maintenance organization. He and his wife knowingly defrauded the HMO of approximately \$282,000 by billing for dental services that were never performed. The scheme included billing falsely for putting stainless steel crowns on babies, performing services on teeth that had fallen out and hundreds of procedures on patients whom he in fact did not treat. His dental practice could not produce a single dental record to substantiate the \$300,000 for which they billed. Deonarine was convicted of conspiracy to commit Medicaid fraud and was sentenced in August 2006.

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

Drug Diversion: Texas

Attorney General Abbott announced on December 6 that a grand jury indicted registered nurse Bradford Brookhart for knowingly obtaining Darvocet, a controlled substance, by deception. This case alleges that Brookhart stole Darvocet from a patient's drawer for his personal use.

* * * *

Attorney General Abbott announced on December 18 that Sherrilyn Renee Burns, a licensed vocational nurse, pleaded guilty (Nolo Contendere) to a lesser included offense of Possession of a Dangerous Drug, a Class A Misdemeanor. Burns was sentenced to six months deferred adjudication and fined \$500. She was indicted on July 5 by a grand jury on charges of Fraud/Possession of Controlled Substance-Prescription. An investigation was initiated based on a referral received that several Oxycontin tablets were discovered missing from the prescription medication of a 77-year-old non-ambulatory resident of Upshur Manor Nursing Home. The missing Oxycontin tablets were replaced with an unknown substance to conceal the diversion.

* * * *

Attorney General Abbott announced on December 8 that a grand jury returned a one count indictment on registered nurse Candal Long for fraud. The indictment is based on allegations that Long took Hydrocodone from the medication room at the facility for her personal use.

* * * *

Attorney General Abbott announced on December 14 that licensed vocational nurse Brandi Reigle pleaded guilty to a charge of fraud, a Third Degree Felony. Judge Donald Lane sentenced Reigle to ten years in the Texas Department of Criminal Justice Institutional Division which was probated ten years, fined her \$1,500, and ordered her to complete 160 hours of community service. The MFCU investigation of Reigle, a nurse at Cross Country Healthcare Center, found that on February 15, 2005, Reigle diverted Oxycodone from a resident at the facility and destroyed the resident's narcotic count sheet. This was discovered after Reigle appeared intoxicated while on-duty at the facility.

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

Drug Diversion: Vermont

Attorney General William H. Sorrell announced on December 18 that Karin Johnson was arraigned November 16 in Vermont District Court for Washington County on one count of

Obtaining a Regulated Drug by Deceit and one count of Making a False Statement in Records, both felonies. Johnson was released on standard conditions plus the conditions that she not practice nursing in any state and that she not provide direct patient care or work in a setting where she would have direct access to narcotics. Additionally, information about this charge will be provided to the Florida Board of Nursing to allow them to institute their own investigation of Johnson.

The charges stem from Johnson's employment as a Licensed Registered Nurse at Woodbridge Nursing Home. Johnson's employment at Woodbridge Nursing Home has been terminated. According to papers filed in court, Johnson admitted on November 8, that for the last two years she had consistently diverted excess liquid morphine from dosages she had appropriately administered to various nursing home residents. She then falsely recorded that she had properly destroyed the excess morphine.

Johnson pleaded innocent to the charges. If convicted of all charges, she faces potential penalties totaling four years and two days imprisonment and \$10,000 in fines.

* * * *

Attorney General Sorrell announced on December 6 that Kristi L. Pecor was arraigned November 27 in Franklin County District Court on one count of Obtaining a Regulated Drug by Deceit and one count of Falsely Assuming the Title of an Authorized Person, both felonies. Pecor was released on standard conditions plus the conditions that she not work in a pharmacy or locale in which she would have direct access to narcotics and not buy, have, or use regulated drugs even with a valid prescription without disclosing her addiction to the prescribing physician and exploring alternative medications with the prescribing physician.

According to papers filed in court, from June 2 through October 5 Pecor obtained sixty fraudulent prescriptions for Hydrocodone from Brooks Pharmacy stores by posing as an employee of a dental office. The Prescription Signature Log Books from the pharmacies show that Pecor signed receipts for approximately 2, 219 Hydrocodone tablets billed to the Medicaid program. Pecor pleaded not guilty to the charges. If convicted of all charges, she faces potential penalties totaling four years and two days imprisonment and \$10,000 in fines.

For further information on both cases contact Assistant Attorney General Francine Hyman (802) 241-4441.

Durable Medical Equipment: Texas

Attorney General Abbott announced on December 15 that Jude Akpan pleaded guilty in federal court to receiving illegal kickbacks. This investigation involves Coastal Medical Supply and a scheme to bill for motorized wheel chairs while providing less expensive scooters, and the purchase of fraudulent prescriptions, Certificates of Medical Necessity, and patient information.

From October 2002 until February 2004, Coastal Medical Supply was paid \$17,000 by Medicaid and \$620,452 by Medicare.

* * * *

Attorney General Abbott announced on November 28 that Mary Lou Hernandez appeared before U.S. Magistrate Judge Nancy Nowak in San Antonio and pleaded guilty to three counts as charged in the Information and pursuant to a Plea Agreement. She pleaded to one count of Conspiracy, one count of Health Care Fraud, and one count of violating the anti-kickback statute. Hernandez, owner of Angel Care Medical Supply, Inc., a durable medical equipment company, is alleged to have obtained patients by illegally paying kickbacks to recruiters to solicit patients. These recruiters allegedly worked with several physicians who falsely signed Certificates of Medical Necessity (CMNs) authorizing the motorized wheelchairs and accessories, when in fact the patients did not qualify based on medical necessity. Between May 2001 and September 2004, Angel Care billed Medicare over \$4 million and the overpayment is \$3,032,404. Medicaid was billed over \$6 million and the overpayment is \$1,377,114.

* * * *

Attorney General Abbott announced on December 13 that Anthony Tschirhart and Sandra Tschirhart, the owners of Med-Tech Medical Supply were each sentenced to 60 days in jail, placed on eight years probation, fined \$5,000, and ordered to complete 240 hours of community service. In addition, the Tschirharts were ordered to pay \$25,247 in investigative costs and \$465,925.50 in restitution. The sentencing is the result of charges that the Tschirharts billed Medicaid for custom power wheelchairs that were never manufactured and for supplies that were never purchased from suppliers for delivery.

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

Home Health Care Aides: Arizona

Attorney General Terry Goddard announced on December 16 that the Arizona State grand jury indicted Christian Zittle on one count of Fraudulent Schemes and Artifices, class 2 felony; one count Theft, class three felony and three counts of Forgery, class four felonies.

Between January, 2005 and April, 2005, Zittle worked as a respite and habilitation care provider for Aid to Adoption of Special Kids (AASK) in Phoenix, Arizona. During this time period, Zittle allegedly submitted to AASK forged timesheets and also claimed respite and habilitation hours which he had not worked. Zittle was paid by AASK for 556.75 respite and

habilitation hours that he had not in fact worked, totaling approximately \$5,250.37 which he was not entitled to.

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

Home Health Care Aides: Maryland

Attorney General Curran announced that Ella Sviriduk who worked as a provider of personal care services has been convicted in connection with her billings for the care she claimed to have provided to two elderly Medicaid recipients.

At the conclusion of a four-day jury trial in the Circuit Court for Montgomery County, she was found guilty of two counts of felony Medicaid fraud and she was acquitted on two counts of felony theft.

Medicaid's Personal Care Program helps elderly (qualified), chronically ill, or disabled persons remain in their homes and out of institutional care by providing an aide who assists the recipient with daily activities such as bathing, dressing, ambulation, eating, grooming, and some household services. From 1999 through 2006, Sviriduk billed Medicaid for services she claimed to be providing to an elderly married couple with whom she was related.

Between August 2002 and July 2005, Sviriduk billed Medicaid for services she represented to Medicaid were performed from 4-8 pm on every one of the more than 1,000 days at issue. However, time records from two other jobs she worked during this same three-year period were introduced into evidence. These records established that she was actually working at one of her other jobs from 4 or 5 p.m. until 11pm, and so could not have provided personal care services as she had claimed. Time sheets from her second job revealed that she was at that place of business from 7 a.m. until 3 p.m. During the trial, the defendant presented testimony attempting to show that she provided the care after 11:30 p.m. and before 6 a.m. Sviriduk's fraudulent billings caused a loss to Medicaid of more than \$43,000.

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

Home Health Care Aides: Nevada

Attorney General George J. Chanos announced on December 20 that three individuals, including a husband and wife, have been convicted and sentenced for crimes related to Medicaid Fraud. Those convicted include Eugenia Mesa, Rene Mesa, and Jose Antonio Rivera. MFCU Director Tim Terry said these investigations began in 2005, during the course of earlier investigations of their prior employers.

Rene Mesa and Eugenia Mesa, husband and wife, were accused of falsifying the amount of home care they claimed to have provided to Medicaid patients. Additionally, Mrs. Mesa was not authorized to be a personal care aide.

In November, Eugenia Mesa pled guilty to the misdemeanor offense of Acting Without Lawful Authority. Justice of the Peace Karen Bennett-Haron sentenced Mrs. Mesa to thirty days in jail, suspended, payment of a \$500 fine, and performance of 80 hours of community service.

On December 20, Rene Mesa pleaded guilty to Felony Medicaid Fraud-Submitting False claims. District Court Judge Jennifer P. Togliatti, sentenced him to serve 30 days in jail, five years of probation, 100 hours of community service and to pay \$15,000 in restitution. Judge Togliatti commented that it appeared to be a complicated case that required a considerable scheme on the part of Rene Mesa.

On December 19, Jose Antonio Rivera pleaded guilty to a Gross Misdemeanor level of Attempted Medicaid Fraud-Submitting False Claims. He was accused of falsifying the amount of home care being provided to his mother and grandmother. District Court Judge Joseph Bonaventure sentenced Rivera to nine months in jail, suspended; a fine of \$1,000, one year probation; and 96 hours of community service. Additionally, Rivera has paid \$10,000 in restitution and enforcement costs.

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

Home Health Care Aides: Ohio

Attorney General Jim 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.

* * * *

Attorney General Petro announced on August 15 that Cynthia Wallace was indicted on one count of Medicaid Fraud, a felony of the fourth degree and one count of Theft, a felony of the fourth degree. On December 11, Wallace entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and on that same day Wallace was sentenced to a six

month prison term; suspended, five years probation, ordered to pay restitution to Cambridge Home Health Care in the amount of \$1,500, and ordered to pay investigative costs in the amount of \$1,480.74.

While an employee of Cambridge Home Healthcare, Wallace submitted claims for more hours than she worked, as well as for days that she did not work. By her actions, she caused Cambridge to bill Medicaid for funds it was not entitled to.

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

Kickbacks: Texas

Attorney General Abbott announced on December 20 that Martha Cepeda was sentenced to five months incarceration and two years supervised release with the first five months served as home confinement. This case involved presenting fraudulent and forged documents regarding the transfer of patients by coding "discharge to home" when in fact these were transfers to a rehabilitation center owned by Orthopedic Surgery Center(OSC). The coding used allowed OSC to receive a higher reimbursement for the transfer than they were otherwise allowed. A Federal Civil demand letter for \$1,389,000 was issued to the owner of Orthopedic Surgery Center, Dr. Raul Marquez regarding this issue.

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

Medical Transportation: Ohio

Attorney General Petro announced on July 27 that a bill of information was filed and charged Geneva Beynum with one count of Medicaid Fraud, a felony of the third degree. On August 16, Beynum entered a plea of guilty to one count of Medicaid Fraud, a felony of the third degree. On October 4, Beynum was sentenced to two years in prison; suspended, five years of probation, and ordered to pay restitution in the amount of \$192,755, to be paid in monthly installments of \$500 during the probation period.

Beynum is the owner of Mini Transportation Ambulette ("MTA"). The investigation uncovered evidence that MTA submitted fraudulent billings while transporting recipients using non-regulation methods.

* * * *

Attorney General Petro on July 27 that a bill of information was filed and charged Billy Blake with one count of Medicaid Fraud, a felony of the fourth degree. On October 16, Blake entered a plea of guilty to one count of Medicaid Fraud, a felony of the fourth degree. The same

day, Blake was sentenced to 18 months in prison; suspended, five years probation, ordered to perform 80 hours of community service, and ordered to pay restitution in the amount of \$41,431.94.

Blake is the owner of Trinity Medical Transportation ("TMT"). The investigation uncovered evidence that TMT submitted claims for transportation of ambulatory recipients.

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

* * * *

Attorney General Petro announced on October 18, 2005 that Rima Zak was indicted on one count of Medicaid Fraud, a felony of the third degree. On October 17, 2006 Zak entered a plea of guilty to one count of Medicaid Fraud, a felony of the fourth degree. On December 13, 2006 Zak was sentenced to an 18 month prison term; suspended, five years probation, ordered to complete 60 hours of community service, fined \$750; suspended, ordered to pay restitution in the amount of \$110,644.07, ordered to pay investigative costs in the amount of \$12,725, and ordered to obtain and maintain full-time verifiable employment.

Zak is the owner of Mayfield Medical Transportation. Mayfield billed Medicaid for transporting ambulatory clients, in violation of Medicaid rules. During an interview with agents, Zak admitted to knowingly billing Medicaid in violation of the rules governing transportation.

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

Medical Transportation: Texas

Attorney General Abbott announced on December 6 that Guadalupe Garces and Araceli Garces, owners of A-Stat Ambulance Services were indicted by a federal grand jury. The indictment was based on allegations that A-Stat Ambulance Services was transporting ambulatory dialysis patients who were not qualified for non-emergency ambulance transport. The investigation revealed overpayments of \$529,912 for Medicaid claims and \$2,391,833.85 for Medicare.

* * * *

Attorney General Abbott announced on December 4 that John Laws, owner of Vital Care Ambulance, an ambulance company was indicted by a federal grand jury in the Southern District of Texas on 30 counts of health care fraud, four counts of money laundering, and one count of conspiracy to commit health care fraud. During September 2000 through December 2003, Vital Care submitted claims to Medicare and Medicaid for ambulance transportation of patients to and from dialysis centers when allegedly the patients did not meet the criteria for ambulance transportation. In some cases, Vital Care transported patients in personal cars or commercial vehicles. Vital Care was paid over \$116,000 by Medicaid and over \$1,100,000 by Medicare.

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

Nurses: New York

Attorney General Eliot Spitzer announced on December 7 that a licensed practical nurse has pleaded guilty to stealing from the Medicaid Program by billing for services she never provided to a Medicaid recipient.

Appearing on November 21, Marie Gilles pleaded guilty to one count of Grand Larceny in the Second Degree. As part of her plea, she admitted that she had stolen over \$715,000 from the State by submitting Medicaid claims over the course of a decade which falsely represented that she had provided home care to a developmentally challenged child suffering from several conditions, including cerebral palsy. Judge Molea stated that he intended to sentence Gilles to state prison for a term of from one to three years and order Gilles to pay restitution to the state in the amount of over \$1 million, which includes interest on the amount stolen.

As part of the MFCU's investigation, Gilles was placed under surveillance, the results of which were used to confront Maria Ortiz, the child's mother, who then admitted to being involved in a kickback scam with Gilles.

For further information Special Assistant Attorney General Gilbert Epstein (845) 732-7529.

Nurses: Texas

Attorney General Abbott announced on December 28 that Calvin Delano Gray, a certified nurse's aide, pleaded guilty to three counts of Debit Card and Credit Card Abuse, a State Jail Felony. Gray was sentenced to three years probation and ordered to pay restitution in the amount of \$1,694.03 to the First State Bank of Brownsboro. Gray was indicted on October 15 as a result of a joint investigation with the Tyler Police Department regarding credit cards stolen from a resident of Colonial Tyler Care Center in Tyler, Texas. Gray was indicted for using the stolen credit cards to charge more than \$1,500 for items purchased at various locations.

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

Nursing Homes: Ohio

Attorney General Petro announced on November 6 that a complaint was filed in Vandalia Municipal Court charging Jalayia Talley with one count of Receiving Stolen Property a misdemeanor of the first degree. On December 6, Talley entered a plea of guilty to one count of Attempted Receiving Stolen Property, a misdemeanor of the first degree. On December 6 Talley was sentenced to a 90-day prison term; suspended, fined \$250; suspended, ordered to pay court costs in the amount of \$211 and ordered to pay restitution to the victim in the amount of \$414.26.

Talley's mother, Carmella, was an employee of The Carriage Inn of Dayton. During the investigation, Jalayia told agents that Carmella stole a cell phone from a resident and gave it to her. The two concocted a story to explain how Jalayia came to possess the cell phone.

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

Patient Abuse: Arizona

Attorney General Goddard announced that on December 8 the indictment against Just G. Myers from Casa Grande, Arizona in Pinal County Superior Court on the charge of vulnerable child abuse, a class six felony.

Between May 13 and May 15 suspect Justin Myers, a staff member of AIRES Group Home, while working at the home, pinched the child victim on the nipples and breast area causing bruising. The victim is a client of the Division of Developmental Disabilities and a resident of the group home. He has cerebral palsy and is moderately retarded. When another child at the group home told their teacher at the Cactus Middle School that the victim got beat up

Saturday by suspect Justin Myers, a staff member, the victim was brought to the school nurse and Casa Grande Police Department was called.

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

Patient Abuse: Maryland

Attorney General Curran announced that charges were filed against Karen Ashimi, a former residential house counselor at a group home run by the Linwood Center. Ashimi was charged by criminal information in the Circuit Court for Howard County with Second Degree Abuse of a Vulnerable Person, Second Degree Neglect of a Vulnerable Person and Second Degree Assault for an incident that occurred on March 10 where she was caring for a developmentally disabled man.

* * * *

Attorney General Curran announced that charges were filed against Myrl Ward, a former house counselor at a group home run by Shorehaven, Inc., was charged by criminal information in Cecil County Circuit Court with one count of second degree abuse of a vulnerable adult and one count of second degree assault for an incident that occurred on August 22, 2006 where she was caring for a developmentally disabled man.

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

Patient Abuse: Rhode Island

Attorney General Patrick C. Lynch announced that Donelle Cahill pleaded nolo contendere in Providence County Superior Court to simple assault and received one year probation and as a condition of probation the defendant surrendered her nursing license.

General Lynch said Cahill appeared in court on December 7 and pleaded nolo contendere to one count of simple assault. Cahill was employed by Pine Grove Health Center, a nursing home facility, as a licensed practical nurse ("LPN").

On July 29, 2005, a CMT administered ½ tablet of Seroquel to a patient because the resident was agitated. Approximately 10 minutes later, the defendant, having been advised that the resident had already received Seroquel, administered 2 more tablets to the resident. When questioned by another nurse about this, the defendant stated, "Well, you don't think that I'm going to put up with this "!"it" all night, do you?" When questioned by the investigator, the defendant did admit administering a ½ tablet of Seroquel, but claimed that it was a mistake.

* * * *

Attorney General Lynch announced that Cece Monemou pleaded nolo contendere in Providence County Superior Court on December 14, 2006 to simple assault and received 11 months probation, anger management counseling, no-contact order, and a \$500 donation to the complaining witness' group home.

Monemou was a member of the direct care staff at the Groden Center. On December 27, 2005, a behavioral specialist observed the defendant grab a resident, who is severely mentally disabled, autistic, and non-verbal, by the ears and then walk the resident out of the room by pulling the resident by the ear. Another staff member was in the room at the time but did not witness the assault.

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

Patient Abuse: Texas

Attorney General Abbott announced on December 13 that Arthur Hayes and Hakeem Abdullah were indicted by a Cameron County grand jury for Medicaid fraud, theft and one count of sexual assault and three counts of practicing medicine without a license. All counts are third degree felonies. Arthur Hayes and Hakeem Abdullah, who worked for Medicaid provider Dr. David E. Rutledge, allegedly performed invasive procedures on patients even though they were not licensed to practice medicine. During the period of 2002 to 2004 they allegedly defrauded \$39,164.27 from Medicaid by billing for unqualified services.

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

Patient Abuse: Vermont

Attorney General Sorrell announced on December 12 that Denise Robin pleaded guilty to Abuse of a Vulnerable Adult in Windham District Court yesterday. Robin, a registered nurse at the Brattleboro Retreat, took a patient's narcotic medication, leaving the patient without medication, and in distress, for at least an hour. Robin was sentenced to six months to one year, all suspended with restitution to the Brattleboro Retreat, community service, and drug rehabilitation, random drug testing and a condition that she abide by all restrictions on her nursing license by the Secretary of State's Office Licensing Board which oversees nurse's licenses. Robin's license is currently suspended. She also will be excluded from working in any Medicaid or Medicare funded facility by the Office of Inspector General for a time period to be determined by that Office and her name will be placed on the Department of Disabilities, Aging and Independent Living's abuse list.

For further information contact Assistant Attorney General Jane Dimotsis (802) 241-4444.

Patient Neglect: Maryland

Attorney General Curran announced that Rebecca Lynn Arbogast pleaded guilty to one count of felony Medicaid fraud in connection with a scheme she carried out while providing personal care services to a Medicaid beneficiary. Arbogast billed the Maryland Medicaid program, through the St. Mary's County Health Department, for personal care services she claimed to have rendered to the recipient she was caring for while he was incarcerated in the St. Mary's County Detention Center. She billed for these services for all 73 days during which he was serving his time causing a loss to the Medicaid Program of \$1,460.

St Mary's County Circuit Court Judge C. Clarke Raley sentenced Arbogast to a six-month sentence with all but 30 days suspended. She was also ordered to pay restitution in the full amount of the loss. At the time of sentencing she paid \$1,340 and was given 90 days to pay the remaining \$120 or face the entire six month sentence. She left court in the custody of the Sheriff's Office to begin serving her sentence.

* * * *

Attorney General Curran announced that Davita Jacobs, a former employee at an alternative living unit, Progress Unlimited, Inc., pleaded guilty in District Court for Baltimore County to one count of second degree neglect of a vulnerable adult. Judge Edward P. Murphy imposed a sentence of probation before judgment and placed Jacobs on 18 months of probation with the special condition that she refrain from working or participating in the hands-on care field of vulnerable adults. Progress Unlimited Inc. serves individuals with developmental disabilities.

The incident that Jacobs was convicted of occurred on January 4. Jacobs was the full time awake overnight staff member at the facility. She was on duty from approximately 11:00 p.m. until 7:00 a.m. and responsible for the care and supervision of three severely impaired residents who were not to be left unattended under any circumstances. One of the three residents awoke at approximately 2:00 a.m. and could not find Jacobs anywhere in the home. The resident has mental retardation, suffers from bipolar disorder and has a history of elopement from the facility. The victim called her family who in turn notified the program manager. The manager of the facility was subsequently on the phone with the resident when Jacobs returned and acknowledged that contrary to policy and her training she had left the facility.

* * * *

Attorney General Curran announced that former caregiver Nancy Wambi Kimani Dewitt pleaded guilty to one count of neglect of a vulnerable adult relating to an incident where she left

a developmentally disabled woman who was in her care alone in a van for more than 30 minutes while Dewitt went food shopping.

Baltimore County District Court Judge Darryl G. Fletcher sentenced Dewitt to three years incarceration in the Baltimore County Detention Center, suspending all but two weekends. Judge Fletcher placed Dewitt on three years probation and ordered that Dewitt not provide direct care to a vulnerable adult for three years. He also ordered Dewitt to perform 60 hours of community service.

Dewitt was a Support Specialist for the Association for Retarded Citizens of Baltimore County. On May 30 Dewitt took a 60-year old severely mentally retarded client who is wheelchair-bound, to the Shoppers Food Warehouse. Rather than take the patient into the food store with her, Dewitt left her in the van with the doors locked. One window was open about four inches. The temperature on that day was in the 90's. An off-duty State Trooper saw the patient in the van and called for paramedics. When the State Trooper saw her in the van, she was screaming, her face was beet red, and she was sweating profusely. When Dewitt returned to the van, she lied about how long and why she had been gone, and showed very little concern for the welfare of her client.

For further information on all of these cases contact Michael Travieso, Director (410) 576-6529.

Physicians: New York

Attorney General Spitzer announced on December 4 that a physician has admitted to stealing \$100,000 by fraudulently billing the Medicaid Program for services he never rendered.

Surinder P. Singh appeared in New York County Supreme Court before Judge Michael Ambrecht and pleaded guilty to one count of Grand Larceny in the Third Degree. Singh is a solo practicing physician.

Singh, who has already paid \$100,000 in restitution to the Medicaid Program. He faces up to two and 1/3 to seven years in prison. He also faces a mandatory minimum five year suspension from participation in the Medicaid and Medicare Programs.

According to the Superior Court Information filed with the Court, between January 1, 1997 and November 9, 2005, Singh caused the submission of numerous Medicaid claims that falsely represented he had provided services to Medicaid recipients when in fact he knew he had not rendered those services. In reliance on these false representations, the Medicaid Program paid Singh at least \$100,000 to which he was not entitled.

For further information contact Special Assistant Attorney General Laura J. Meehan (845) 732-7547.

Psychiatrists: Maryland

Attorney General Curran announced that Dr. Opauraugo Ihentuge Udebiuwa, a psychiatrist, was sentenced to three years incarceration, suspending all but 12 months to be served as home detention, for defrauding the Medicaid Program by billing Medicaid for services that were never provided. Baltimore City Circuit Court Judge Lynn K. Stewart also ordered Udebiuwa to pay \$32,000 restitution to the Medicaid Program and to pay a penalty of \$64,000, representing total payment of \$96,000. Judge Stewart also placed Udebiuwa on three years probation, which will be supervised until that time when he makes full restitution and unsupervised thereafter.

He pleaded guilty in June to five counts of misdemeanor Medicaid Fraud for defrauding the Medicaid program of \$32,000 during a one year period. Dr. Udebiuwa admitted 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. Occasionally Udebiuwa billed Medicaid for 17-18 hour work days, when in fact he was in the office for three hours on those days. 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.

Psychiatrists: Texas

Attorney General Abbott announced on December 5 that Dr. Lewis Gottlieb was sentenced in federal court to 60 months in prison for conspiracy and 18 months for Health Care Fraud and ordered over \$20 million in restitution. Gottlieb, a Houston psychiatrist, pleaded guilty to Health Care Fraud and to receiving kickbacks and fraudulent CMNs. Gottlieb was charged with signing fraudulent CMNs claiming that patients were eligible for a motorized wheelchair. In the beginning of the scheme, Gottlieb was paid \$200 for each prescription that he wrote for various DME companies and recruiters. Gottlieb also billed, through his clinic, medical visits for various psychiatric ailments when he wrote the CMN for the patients. It has been determined that he and others fraudulently billed Medicaid and Medicare approximately \$52 million and were paid \$30 million. It has also been determined that all the billing for Gottlieb was fraudulent. His individual Medicaid billings were \$2,540,676 and he was paid \$527,373 by Medicaid.

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

Medicaid Fraud Report is published 10 times per year by the National Association of Attorneys General. Subscriptions are available at an annual rate of \$150. Inquiries on editorial content or subscriptions should be addressed to:

Barbara L. Zelner
Counsel
National Association of Medicaid Fraud Control Units
750 First Street, N.E., Suite 1100
Washington, D.C. 20002
Phone: (202) 326-6020

Thurbert Baker
President, NAAG
Attorney General
Georgia

Richard G. Williams
President
National Association
of
Medicaid Fraud Control Units

Lynne M. Ross
Executive Director
National Association
of
Attorneys General

The views and opinions of authors expressed in this newsletter do not necessarily state or reflect those of the National Association of Attorneys General (NAAG). This newsletter does not provide any legal advice and is not a substitute for the procurement of such services from a legal professional. NAAG does not endorse or recommend any commercial products, processes, or services.

Any use and/or copies of the publication in whole or part must include the customary bibliographic citation. NAAG retains copyright and all other intellectual property rights in the material presented in the publications.

Copyright 2006, National Association of Attorneys General

INDEX TO CASES

COUNSELORS

Gabriel W. Adelanwa 2
 Michael Bartos 3
 Janet Butler 2
 Sigifredo Flores 3

DENTISTS 3

DRUG DIVERSION

Bradford Brookhart 4
 Sherrilyn Renee Burns 4
 Karin Johnson 5
 Candal Long 4
 Kristi Pecor 5
 Brandi Reigle 4

DURABLE MEDICAL EQUIPMENT

Jude Akpan 6
 Mary Lou Hernandez 6
 Anthony Tschirhart and Sandra Tschirhart 6

HOME HEALTH CARE AIDES

Eugenia Mesa, Rene Mesa, and Jose Antonio Rivera 8
 Jennie Stapleton 8
 Ella Sviriduk 7
 Cynthia Wallace 9
 Christian Zittle 7

KICKBACKS 9

MEDICAL TRANSPORTATION

Geneva Beynum 9
 Billy Blake 10
 Guadalupe Garces and Araceli Garces 11
 John Laws 11
 Rima Zak 10

NURSES

Marie Gilles 11
 Calvin Delano Gray 12

NURSING HOMES 12

PATIENT ABUSE

Hakeen Abdullah and Arthur Hayes 14

Karen Ashimi 13

Donelle Cahill 13

Cece Monemou 14

Just G. Myers 12

Denise Robin 14

Myrl Ward 13

PATIENT NEGLECT

Rebecca Lynn Arbogast 15

Davita Jacobs 15

Nancy Wambu Kimani Dewitt 16

PHYSICIANS 16

PSYCHIATRISTS

Lewis Gottlieb 17

Opauraugo Ihentuge Udebiuwa 17