



National Association
of Attorneys General

MEDICAID FRAUD REPORT

January/February 2007

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Ohio Home Health Owner Sentenced to Serve 97 Months

Attorney General Marc Dann announced on February 1 that Kevin Dennis was sentenced to 97 months in prison in connection with one count of Health Care Fraud, one count of Money Laundering, and one count of Cocaine Base Manufacturing, 60 months in prison, consecutive to the 97 month sentence, in connection with one count of Possession of a Firearm in furtherance of a drug crime, three years probation in connection with the 97-month prison sentence, five years probation in connection with the 60-month sentence, (to run concurrent with probation in connection with 97-month sentence), ordered to pay a special assessment of \$400, and ordered to pay restitution in the amount of \$564,630.

On December 1, 2005, a federal indictment was filed against Kevin Dennis charging one count of Mail Fraud, two counts of Health Care Fraud, one count of Money Laundering, one count of Cocaine Base Manufacturing, one count of Possession of Cocaine Base, one count of Possession of Cocaine Base with Intent to Distribute, and three counts of Illegal Possession of Firearms (10 counts total). On March 2, 2006, per plea agreement, Dennis entered a plea of guilty to one count of Health Care Fraud, one count of Money Laundering, one count of Cocaine Base Manufacturing, and one count of Illegal Possession of Firearms.

After receiving a complaint from an employee of Community Home Health Services Plus, (Community), the Ohio MFCU opened an investigation in April 2004. A collaboration by employees of the Ohio Attorney General's office, the Office of Inspector General (OIG), FBI, ATF, IRS, Postal Inspectors, and Columbus Police culminated in the execution of a search warrant in April 2005. During the execution, 567 boxes of evidence were seized including recipient records, computer images, logs, notes, and manuals.

A search warrant executed on the residence of Dennis earlier that same month resulted in the seizure of more than 70 grams of crack cocaine, three 9mm handguns, and nine of the sixty-two vehicles owned by Dennis, including several Humvees and other high-end vehicles.

Dennis, currently in federal prison, was the owner of Community and concocted the scheme to defraud the Medicaid program. In summary, the investigation revealed that he was running the scheme to defraud the government of health care dollars by soliciting a population of the immigrant community in order to provide unnecessary medical services and bill Medicaid. Dennis conspired, by a number of different means, using a group of doctors to facilitate the fraud by having the same doctors sign plans of care and having them to attest to the necessity of these services. In reality, the patients had not been seen and the billing was generated from these plans of care.

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

CASES

Counselors: Maryland

Attorney General J. Joseph Curran, Jr. announced on August 1, 2006 that Gabriel W. Adelanwa, a licensed professional counselor and Medicaid provider of mental health services was charged by criminal information with one count of Medicaid fraud. The criminal information charges that Adelanwa knowingly defrauded the Maryland Medicaid Program in excess of \$500 in connection with a public mental health services program administered by the Mental Hygiene Administration.

The alleged charges took place between March 2002 and April 2004. Specifically, Adelanwa is charged with submitting claims to the Medicaid program and being paid for those claims although he falsely represented that he had provided individual, group and family therapy to Medicaid recipients, when he knew the services were not provided. The MFCU conducted the investigation with assistance from the Mental Hygiene Administration (MHA).

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

Counselors: Texas

Attorney General Greg Abbott announced on January 11 that Licensed Professional Counselor (LPC) Deborah Beresky pleaded guilty to one count of first degree felony theft. Beresky was indicted by a federal grand jury on April 26, 2006. The case involved allegations that during the time period of 2002 to 2005 she was paid \$1,947,769.47 by Medicaid for services that were not provided.

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Attorney General Abbott announced on February 9 that Nathan D. Cormie pleaded guilty as part of a negotiated plea to a lesser included count of Medicaid Fraud (State Jail Felony) in the 299th District Court, Travis County, Texas. Pre-sentence investigation was waived and Cormie was sentenced to four years deferred adjudication and a fine of \$1,000. Cormie will serve his probation in Louisiana. On September 2, 2005, a Travis County Grand jury indicted Cormie on one count of Medicaid Fraud. Cormie was employed by Therapeutic Family Life (TFL), a business that provides counseling to juveniles in foster care. Cormie allegedly obtained a Medicaid provider number based on false information and forged documents. TFL then billed Medicaid for counseling services provided from 1999 to 2002 by Cormie and received payment from Medicaid totaling \$199,008.50. The indictment charged that Cormie is not a Licensed Professional Counselor (LPC) and the payments to TFL were obtained based on his deceit. This case was prosecuted by the Travis County District Attorney's Office.

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

Dentists: South Carolina

Attorney General Henry McMaster announced that David W. Holloway, a dentist, was convicted on December 12, 2006 of one count of Filing False Claims and one count of Unlawful Distribution of Schedule III CS. On or about November 22, 2005, in Richland County, South Carolina, Dr. Holloway filed a false claim for reimbursement with the South Carolina Medicaid Program, which claim was false as to a material fact. Additionally, on or about April 17, 2005, Dr. Holloway distributed a Schedule III Controlled Substance, namely, 26 tablets of Vicoden ES, in Beaufort County, South Carolina.

Dr. Holloway was sentenced by the Honorable L. Casey Manning to three years, suspended upon two years probation, 150 hours of Community Service and successful completion of Substance Abuse Counseling. Court costs of \$128.75 were assessed in Richland County and \$231.75 in Beaufort County. Furthermore, restitution of \$1,500 and investigative costs in this matter are due no later than December 22, 2006. The sentences run concurrently.

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

Drug Diversion: Tennessee

The Tennessee Medicaid Fraud Control Unit announced on November 8, 2006 that Leah Baines, RN, pleaded guilty to one count of Acquiring a Controlled Substance by Fraud. The court sentenced Baines to two years judicial diversion with the Tennessee Department of Corrections, a community based alternative sentencing program. The sentence will run concurrent with a similar conviction in another county.

This case was opened on November 4, 2004, based on a referral from Select Specialty Hospital, which is housed within the University of Tennessee Medical Center. The hospital reported possible tampering with controlled substances on one of the Units. The staff noticed that syringes and vials of Demerol appeared to have been tampered with. A review of the medication cart access log revealed that Baines was the most likely staff member to have tampered with the medication. After gathering the evidence, Baines was interviewed and confessed to taking the medication and replacing it with saline solution. She was indicted by the Knox County Grand Jury on November 1, 2005 and charged with three counts of Acquiring a Controlled Substance by Fraud. It was learned that she had been convicted of a similar charge in another county and has a history of drug abuse.

For further information contact Special Agent David Slagle (423)-434-6424.

Drug Diversion: Texas

Attorney General Abbott announced on January 9 that Laura Ann Mackay pleaded guilty to an information charging her with possessing a controlled substance, a Class A Misdemeanor. Mackay was sentenced to two years - deferred, and fined \$500. Mackay was under investigation for diverting residents' drugs at two nursing homes.

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Attorney General Abbott announced on January 10 that Licensed Vocational Nurse (LVN) Diane Park pleaded guilty to one count of Misdemeanor Theft and was sentenced to one year of probation and 50 hours of community service. The case involved the daughter of Park who gave two Tramadol 50 mg. to a friend of another LVN at Mi Casita. The pills came from a blister pack with the name of a former resident at Mi Casita who is now deceased. The blister pack was brought back to Mi Casita by the LVN and it showed to have 24 tablets missing. During the interview, Park admitted to the investigator that she took the blister pack from the facility and gave them to her daughter.

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

Drug Diversion: Vermont

Attorney General William H. 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 Assistant Attorney General Linda A. Purdy (801) 241-4441.

Durable Medical Equipment: Texas

Attorney General Abbott announced on January 17 that Collins C. Olorondu pleaded guilty to Charges of Felony Theft in the Nitech Medical Supply investigation. Olorondu, a durable medical equipment provider and owner of the Houston based company pled guilty to charges of Aggregate Theft by a Government Contractor. Olorondu had been indicted by a Harris County grand jury on November 27, 2006, along with 32 other DME providers, and was subsequently arrested on November 28, 2006, during the "DME Special" Round Up. Between January 1, 2003, and April 30, 2006, Olorondu billed Medicaid and was paid \$17,316 after falsifying his Medicaid provider application. Olorondu was sentenced to two years probation, 160 hours of community service and ordered to pay \$ 4,369 in restitution.

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Attorney General Abbott announced on January 31 Judge Ken Anderson finalized the "Agreed Judgment" regarding the forfeiture of \$465,925.50 which had been placed in a segregated bank account. A cashier's check was obtained for \$474,106.12 (\$465,925.50 restitution and \$8,180.62 interest) and was provided to the Single State Agency for deposit back into the Medicaid program. The check was the result of the December 13, 2006, sentencing of Anthony Tschirhart and

Sandra Tschirhart, the owners of Med-Tech Medical Supply. Anthony and Sandra Tschirhart were each placed on eight years probation, fined \$5,000, ordered to complete 240 hours of community service and sentenced to 60 days in jail. In addition, the Tschirharts were ordered to pay the Office of Attorney General \$25,247 in investigative costs and \$465,925.50 in restitution. Between January 2000 and October 2004, Med-Tech 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 both cases contact Rick Copeland, Director or Chief Investigator Jim Fossum (512) 371-4700.

Home Health Care: Tennessee

The Tennessee Medicaid Fraud Control Unit announced on February 22 that Shirley Covington, the mother of a mentally retarded son, pleaded guilty to one count of theft over \$10,000 in the Davidson County Criminal Court. The court sentenced Covington to ten years with the Tennessee Department of Corrections, suspended, and ten years probation. She was also ordered to pay restitution of \$16,219 at a rate of \$100 per month to the Division of Mental Retardation Services (DMRS).

This case was opened on September 19, 2005, based on a referral from the Tennessee Department of Finance and Administration, Division of Mental Retardation Services (DMRS). It was alleged that Covington, was billing DMRS for services not provided and services provided by others and paid for by DMRS. The funds used to pay for the in-home care of a mentally retarded citizen are from TennCare (Medicaid) via a TennCare waiver. Covington was submitting invoices with names and Social Security numbers of dead people, people who provided services under other contracts and people she knew but had no involvement with her son. The DMRS auditors reported their findings to the MFCU for further investigation. After many interviews, tracking Social Security numbers and requesting documentation for the bills (and receiving none), the findings indicated theft of money.

For further information contact Special Agent Bob Simmons (615) 744-4236.

Home Health Care Aides: Minnesota

Attorney General Lori Swanson announced on February 12, that Jon Kazaniuk pleaded guilty to two counts of theft by false representation. Between January 2003 and April 2005, Kazaniuk was employed as a home health aide. During the same time period, he was also employed at a jewelry store. The time printout from the jewelry store of hours worked by Kazaniuk was compared to the home health aide timesheets he submitted to his employing agency. The comparison showed Kazaniuk billed the Medicaid program and pre-paid medical assistance plan for home health aide services he did not provide because he was working at the jewelry store. Kazaniuk was charged with five counts of theft by false representation. He pleaded guilty to two counts and was sentenced on April 25 to five years of probation, 90 days in the county jail, Medicaid restitution in the amount of

\$48.60 and restitution to the pre-paid medical assistance plan in the amount of \$19,256.78. The remaining counts were dismissed.

For further information contact Assistant Attorney General Deborah Peterson (651) 296-0320.

Home Health Care Aides: Nevada

Attorney General Catherine Cortez Masto announced on January 17 that Ildefonso Castaneda and Adriana Campoverde were sentenced for Medicaid Fraud.

The investigations began in 2006 as a result of a citizen's complaint. Medicaid has a personal care aid program to help seniors live independently by providing basic services, including bathing, dressing, cleaning and meal preparation. Medicaid contracts with home care companies that in turn employ individuals to provide the actual day to day care.

Ildefonso Castaneda was employed to provide home care services to his parents. He was accused of not performing all of the tasks he claimed on his service records and obtaining substitute providers. On January 2, Castaneda pleaded to the gross misdemeanor offense of Medicaid Fraud-Failure to Maintain Adequate Records. Judge Joseph Bonaventure sentenced him to 30 days in jail, serving one day, with the balance suspended, payment of \$2,500 in restitution and penalties and performance of 80 hours of community service.

Adriana Campoverde was employed to provide home care services to four Medicaid recipients. She was accused of falsifying service records and claiming home care tasks she did not provide. On January 17, Campoverde pleaded guilty to the gross misdemeanor offense of Medicaid Fraud-Failure to Maintain Adequate Records. District Court Judge Kenneth Cory sentenced Campoverde to 350 days in jail, serving five days with the balance suspended, 18 months probation, 16 hours of community service per week and payment of \$953 in restitution and penalties.

For further information contact Tim Terry, Director (775) 684-1191.

Home Health Care Aides: Ohio

Attorney General Dann announced on February 8 that Christen Lennox was sentenced to serve nine months in prison; suspended, two years probation, ordered to perform 100 hours of community service, to pay court costs, to maintain verifiable full-time employment, to submit to random drug and alcohol screening, and not to consume alcohol or enter a bar during the probation period. He was ordered to pay investigative costs in the amount of \$823.50, and restitution in the amount of \$8,565. On August 15, 2006, an indictment was filed charging Lennox with one count of Medicaid Fraud, a felony of the fourth degree. On January 3, Lennox entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree.

Lennox is an independent provider who continued to bill Medicaid after she quit.

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

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Attorney General Dann announced on February 8 that Patty Seymour entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree. Also on February 8, Seymour was sentenced to five years probation, ordered to pay investigative costs in the amount of \$4,640.72, and ordered to pay restitution in the amount of \$21,912. On October 17, 2006, an indictment was filed charging Seymour with one count of Medicaid Fraud, a felony of the fourth degree.

Seymour is an independent provider who confessed to billing Medicaid for services not rendered over a six month period.

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

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Attorney General Dann announced on February 28 that Theresa Seawright entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and on that same day Seawright was sentenced to two years probation, ordered to pay investigative costs in the amount of \$1,368, and ordered to pay restitution in the amount of \$1,710. On October 17, 2006, an indictment was filed charging Seawright with one count of Medicaid Fraud, a felony of the fifth degree.

Seawright is an independent provider who confessed to billing Medicaid for services not rendered from November 2005 to August 2006.

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

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Attorney General Dann announced on February 22 that Cheri Keesee entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and on that same day Keesee was sentenced to pay investigative costs in the amount of \$1,500, and ordered to pay restitution in the amount of \$4,633.

Keesee is an independent provider who reported that she billed for 24 hours or more on a single date, billed 16 hours or more worth of daily living services on a single date on 25 or more

occasions, and on multiple occasions billed for services performed for multiple recipients within the same household, but failed to use the group modifier.

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

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Attorney General Dann announced on January 19 that Donnita Manuel was sentenced to five years probation, and ordered to pay restitution in the amount of \$11,522.

On August 22, 2002, an indictment was filed, charging Manuel with one count of Medicaid Fraud, a felony of the fourth degree. Manuel initially entered a plea of not guilty on September 9, 2002, and trial was set for December 10, 2002. Manuel failed to appear, and a warrant was issued for her arrest. On September 6, 2006, Manuel was arrested in Chicago, Illinois and was extradited to Ohio for trial. On October 4, 2006, Manuel entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree.

Manuel, a home health aide, billed for services in excess of the ASP and also continued to bill after she had been removed from the ASP of several recipients.

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

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Attorney General Dann announced on January 29 that Betty McGhee was found guilty of one count of Medicaid Fraud, a misdemeanor of the first degree, and guilty of one count of Falsification, a misdemeanor of the first degree. The same day, the court proceeded to sentencing. McGhee was sentenced to 60 days in prison; suspended, three years probation, ordered to pay a fine in the amount of \$100, and ordered to pay investigative costs in the amount of \$4,890.

On March 21, 2006, that an indictment was filed, charging McGhee with one count of Medicaid Fraud, a felony of the fourth degree, and two counts of Falsification, both misdemeanors of the first degree. McGhee entered a plea of not guilty on April 5, 2006, and a trial date was set. After multiple continuances, McGhee waived her right to a jury trial, and the matter proceeded to a bench trial on January 22.

McGhee, an independent provider, confessed to MFCU agents that she billed for services she never provided.

For further information contact Assistant Attorney General Corinna Vaughn (614) 466-0722.

Kickbacks: Ohio

Attorney General Dann announced on February 5 that Theresa Fears was sentenced to 17 months in prison; suspended, five years probation, ordered to pay investigative costs in the amount of \$1,124, and ordered to pay restitution in the amount of \$52,014

An August 15, 2006, that an indictment was filed against Fears charging one count of Medicaid Fraud, a felony of the fourth degree. On December 11, 2006, Fears entered a plea of guilty to one count of Medicaid Fraud, a felony of the fourth degree.

Fears is an independent provider who had a kickback arrangement with a recipient who is currently under indictment on charges stemming from the same investigation conducted by the MFCU.

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

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Attorney General Dann announced on February 8 that Constance Durrah entered a plea of guilty to one count of Complicity to Commit Medicaid Fraud, a felony of the fifth degree and on that same day Durrah was sentenced to two years probation.

On November 21, 2006 an indictment was filed against Constance Durrah charging one count of Medicaid Fraud, a felony of the fifth degree and one count of Complicity to Commit Medicaid Fraud, a felony of the fifth degree.

Durrah is a Medicaid recipient who had a kickback arrangement with a provider currently under indictment on charges stemming from the same investigation conducted by the MFCU.

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

Medical Transportation: Illinois

The Illinois Medicaid Fraud Control Unit announced on February 9 that Richard Wallace and Downstate Transportation Services, Inc. were convicted by a federal jury in federal district court of one count of Health Care Fraud and 17 counts of Mail Fraud.

Between February 2001 through 2004, Wallace, acting as Downstate Transportation Services, Inc., attempted to use provisions of a local taxi regulation ordinance to subvert the policies and procedures of the Illinois Department of Public Aid (now known as the Illinois Department of

Healthcare and Family Services). Wallace requested changes to the ordinance provisions of the municipality of Carterville, which dealt with the regulation of the one taxi that he was authorized to operate. Wallace provided language to the City of Carterville that suggested authority to bill for what the department calls "unloaded" miles. Unloaded miles are those miles driven when the Medicaid recipient is not in the vehicle. Under Department policies and procedures, unloaded miles are not reimbursable and are not to be billed to Medicaid by transportation providers.

In April of 2003, the Illinois Department of Healthcare and Family Services performed an audit of Downstate Transportation Services, Inc. in which they determined that approximately \$324,000 of the \$720,000 plus billed to the department were inappropriately billed "unloaded" miles. The matter was investigated by the Illinois State Police Medicaid Fraud Control Bureau and the United States Department of Health and Human Services-Office of Inspector General, which determined that for 17 specific Medicaid recipients approximately \$198,000 was for improper unloaded mileage out of \$308,000 paid.

For further information contact Bradley Hart, Deputy Bureau Chief (217) 558-4694 or Assistant Attorney General Stephannie Stantelli (217) 558-6365.

Medical Transportation: Ohio

Attorney General Dann announced on February 21 that Dwayne Anderson was sentenced to 18 months in prison; suspended, five years of probation, and ordered to pay restitution in the amount of \$104,440.68.

On April 18, 2006, an indictment was filed against Dwayne Anderson charging one count of Medicaid Fraud, a felony of the third degree. On December 20, 2006, Anderson entered a plea of guilty to one count of Medicaid Fraud, a felony of the fourth degree.

Anderson is the former owner of Doll Transportation, Inc, (DTI). The investigation uncovered evidence that DTI submitted fraudulent billings while transporting recipients using non-regulation methods. Anderson is the second former owner of DTI to be found guilty of Medicaid Fraud.

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

Medical Transportation: Wisconsin

Attorney General J.B. Van Hollen announced on January 3 that Dennis Mickel Robertson has been convicted of defrauding the state's Medicaid system.

He pleaded guilty to one felony count of Medicaid Fraud for falsely billing the state for transportation services not provided to Medicaid recipients. A second count was dismissed and read-in for sentencing.

The court imposed and stayed three years and six months of imprisonment and placed Robertson on three years of probation. As a condition of probation, Robertson must serve 12 months in the House of Corrections. The court ordered the first four months to be served as straight time with work-release privileges. The court stayed the balance to be used as sanctions with Robertson serving ten days for a first violation and an additional ten days for each subsequent violation.

Robertson must also pay restitution in the amount of \$8,861.26 and \$1,185.07 for the cost to extradite him from Louisiana, where he had recently relocated.

According to the Department of Justice's (DOJ) criminal complaint, Robertson was the owner of CEMED, a specialized medical vehicle transportation company which provided services to transport Medicaid recipients to medical appointments. Between October 2002 and June 2003, Robertson submitted claims to the Medicaid program that showed he had driven more miles transporting clients than he actually had. Robertson submitted approximately 254 claims in which he claimed anywhere from 11 to 39 miles extra for each trip.

Additional conditions of probation include maintaining full time employment – but that employment may not involve reimbursement from any government agency. Should Robertson fail to meet the conditions of probation, he may be revoked and have to serve a term of imprisonment of 13 years and six months.

For further information contact Assistant Attorney General Eric Défort.(608) 266-8514.

Nurses: Arizona

Attorney General Terry Goddard announced the sentencing of Lisa Marie Biggs on January 11. The defendant was sentenced to three years probation upon absolute discharge from prison for a separate offense in Yavapai County. She was ordered to pay restitution in the amount of \$3,126.24 to Meadow Park Care Center (a nursing facility) where she worked as an LPN until it was discovered that her license had been terminated. On December 11, 2006 the defendant entered into a Plea Agreement with the State of Arizona and wherein she plead guilty to Count 4, Theft, a class 4 felony.

The defendant between March 11, 2003 and May 7, 2003, was representing herself as an LPN to multiple AHCCCS funded providers when in fact her license was revoked on October 29, 2003 due to a felony conviction. Biggs was indicted on November 16, 2005 on four counts of Forgery, class 4 felonies; one count Theft, a class 4 felony; and one count Theft, a class 6 felony. At the time of that indictment, the defendant could not be located and a warrant was out for her

arrest. In July of 2006, the defendant was located in an Arizona State Prison Complex and she was taken into custody by the Maricopa County Sheriffs Office and was arraigned on August 11, 2006.

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Attorney General Goddard announced the sentencing of April Dawn Dressler on January 5. The defendant was sentenced to two years probation and ordered to pay restitution to Evergreen Healthcare Center, a nursing facility, in the amount of \$1,116.74 and \$500 to be paid Arizona MFCU for investigative costs. The defendant entered a plea agreement with the State of Arizona on December 7, 2006 to Count 9: Taking the Identity of Another, a class 4 felony. She was sentenced to two years of probation; ordered to pay restitution to Evergreen Healthcare Center in the amount of \$1,616.74; to pay the Medicaid Fraud Control Unit \$500 for investigative costs; and ordered to complete 30 hours of approved community service.

Between November 2005 and January of 2006 April Dawn Dressler took the identity of another registered nurse, forged documents to sustain the fraud, and used this false identity to fraudulently work as a registered nurse and gain money from the Arizona AHCCCS system in the Phoenix area.

Dressler was indicted on May 23, 2006 by the Arizona State Grand Jury on three counts of forgery, three counts of criminal impersonation, three counts of taking the identity of another person and one count of theft. She was in warrant status until located and arrested on September 28, 2006.

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

Nurses: Ohio

Attorney General Dann announced on January 8 that Danielle Shivener entered a plea of guilty to one count of Medicaid Fraud, a misdemeanor of the first degree and on that same day Shivener was sentenced to five years of probation, ordered to pay investigative costs in the amount of \$1,255.41, and ordered to pay restitution in the amount of \$4,477.63.

On October 17, 2006 that an indictment was filed, charging Shivener with one count of Medicaid Fraud, a felony of the fifth degree. The investigation uncovered that while an employee of Melonridge Residential Care Facility, Shivener, an LPN, obtained at least 322 fraudulent prescriptions for hydrocodone. Some of the 322 prescriptions were ordered in the name of eight different residents who are also Medicaid recipients.

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

Nurses: Texas

Attorney General Abbott announced on January 24 that a grand jury indicted Licensed Vocational Nurse (LVN) Teresa Blair. Blair, employed at the Grace Care Center of Lufkin, was charged with tampering with a government document. An arrest warrant was issued and on January 30, Blair surrendered to police authorities. This indictment was based on an incident on May 31, 2006, in which a resident was discovered dead during the midnight shift at Grace Care Center and there were indications that he had been dead between four to five hours. It was determined that the resident died of natural causes, but Blair who was in charge of the midnight shift, is accused of falsifying nursing notes to cover the delay in discovering the death.

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Attorney General Abbott announced on January 17 that Licensed Vocational Nurse (LVN) Leroy Zapata pleaded guilty and was sentenced to five years deferred adjudication, fined \$500 and 240 hours of community service. Zapata was an LVN at the Lynwood Nursing and Rehabilitation and admitted to taking Lortab from patients at Lynwood and using them for his own personal use. A written confession was obtained. The case alleges that Zapata gave a resident at Lynwood Tylenol pills but had signed out for Lortab. On November 19, 2005, a quantity of 60 Lortabs were signed into the nursing home by Zapata. There is a note on the control sheet by Zapata that shows only 30 were delivered. A review of pharmacy records shows no "partial deliveries" were made. During the course of this investigation and interview, suspect Zapata provided information that will result in cases being opened at other facilities.

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

Nursing Homes: Ohio

Attorney General Dann announced on January 26 that Lisa Bolden was sentenced to five years of probation, ordered to pay restitution in the amount of \$2,175, and ordered to pay investigative costs in the amount of \$2,961.48.

On June 20, 2006 an indictment was filed against Bolden charging one count of Medicaid Fraud, a felony of the fourth degree. On December 13, 2006 Bolden entered a plea of guilty to one count of Medicaid Fraud, a felony of the fifth degree. While an employee of a home health agency, Bolden billed for services she never provided, including billing while a recipient was admitted to a hospital.

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

Patient Abuse: Mississippi

Attorney General Jim Hood announced that Erica Epting pleaded guilty on October 19, 2006, in Jones County Justice Court to one count misdemeanor abuse of a vulnerable adult for abusing a resident of Ellisville State School. 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 Andrew M. Cuomo announced on January 16 that in separate trials, state prosecutors secured two convictions of certified nurse aides for abusing elderly patients in their care.

On January 12, Judge Suzanne J. Melendez of the Queens Criminal Court sentenced Patrice Walker to 60 days in jail. Walker formerly employed at the Hollis Park Nursing Home had been charged with felony and misdemeanor Endangering charges, a misdemeanor charge of Willful Violation of the Public Health Law, and a felony charge of Falsifying Business Records in the First Degree. In October 2006, Walker pleaded guilty to Attempted Falsification of Business Records in the First Degree, a class A misdemeanor, in satisfaction of all of the charges.

According to the complaint, Walker mistreated an 80-year-old nursing home resident, and then tried to cover-up that mistreatment. The complaint alleged that on September 20, 2005, Walker attempted to move the resident without a mechanical lift and without the assistance of a second nurse or aide, despite knowing these were required because of the resident's frail condition. In fact, the complaint alleged that Walker had twice been reprimanded for improper transfers that injured two residents. As a result of Walker's improper transfer of the patient, the resident suffered a broken leg and lacerations to the side and back of her head which required 14 staples to repair.

The complaint further alleged that Walker failed to immediately notify others that the resident had been injured during the improper transfer — which delayed treatment — and then falsely reported that the resident was injured when she and another nursing home employee had transferred the resident.

A day earlier, on January 11, a jury convicted Marilyn Chase, a certified nurse aide, for willfully abusing an elderly female resident at the Rome Memorial Hospital Residential Health Care Facility.

The evidence at that trial showed that on August 6, 2005, Chase physically abused a 93-year-old woman who suffered from senile dementia, congestive heart failure, benign hypertension, and arthritis. It showed that after the resident became combative during routine care, Chase grabbed the

victim's arthritic right hand and bent it towards the inside of her forearm until she screamed out in pain.

The jury convicted Chase of Endangering the Welfare of an Incompetent or Physically Disabled Person and Willful Violation of Health Laws.

For further information contact Special Assistant Attorney General Cassandra Bethel, Chief of the Patient Protection Section (212) 417-5391 or Special Assistant Attorney General Ralph D. Tortora, III, Regional Director of the Medicaid Fraud Control Unit's Syracuse Regional Office (315) 423-1121.

Patient Abuse: Ohio

Attorney General Dann announced on January 4 that Aisha Dawkins was sentenced to one year of probation, ordered to perform 40 hours of community service, ordered to undergo random drug screening, and prohibited from working with the elderly.

On June 26, 2006 an indictment was filed, charging Dawkins with one count of Patient Abuse, a felony of the fourth degree. On November 20, 2006, Dawkins entered a plea of guilty to one count of Patient Abuse, a felony of the fourth degree.

While employed by Pleasantview Care Center on November 28, 2005, Dawkins committed patient abuse during care of an 80 year-old resident. When the resident allegedly became combative, Dawkins bent the pinky finger backward, resulting in bruising and swelling.

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

* * * *

Attorney General Dann announced on January 22 that Betty Spearman was sentenced to 30 days in prison; suspended, six months of probation, assessed a fine of \$250; suspended, ordered to pay court costs in the amount of \$79, and ordered to attend anger management classes. On May 17, 2006 an indictment was filed, charging Spearman with one count of Assault, a misdemeanor of the first degree. On December 8, 2006, Spearman entered a plea of guilty to one count of Assault, a misdemeanor of the first degree.

While employed by Concord Care Center of Toledo in July 2005, nurse aide Spearman pushed a resident onto a bed and held her down and pinned her wrists to either side of her face.

For further information contact Associate Deputy Attorney General Keesha Mitchell (614) 466-0722.

Patient Neglect: Maryland

Attorney General Curran announced on August 2, 2006 that an owner of three assisted living facilities in Baltimore City has been charged by the Baltimore City Grand Jury in a two count indictment with felony and misdemeanor neglect of a vulnerable adult. Maria Santana owned three assisted living facilities, named Yoshabell House 1, 2 and 3. The indictment charges that from December 13, 2004, through April 1, 2005, Santana failed to provide necessary assistance and resources for a vulnerable adult who resided at two of her three facilities. The felony count of the Indictment charges that Santana's failures caused serious injury to the victim.

* * * *

Attorney General Curran announced on August 3, 2006 that former caregiver, Nancy Dewitt was charged in connection with an incident that occurred in Baltimore County on May 30, 2006. It is alleged that Dewitt failed to provide necessary assistance and resources for the developmentally disabled woman who was in her care.

Dewitt was charged by criminal information in the Circuit Court for Baltimore County with one count of neglect of a vulnerable adult. Intentional abuse or neglect of a vulnerable adult is a misdemeanor punishable by a maximum of five years in prison and a fine of \$5,000.

* * * *

Attorney General Curran announced on August 16, 2006 that Ever A. Delcid, a former house counselor at United Cerebral Palsy of Frederick was found guilty of neglect of a vulnerable adult for leaving three developmentally disabled men alone and unattended on two separate evenings while Delcid went to work at another job.

Frederick County District Court Judge Janice Rodnick Ambrose sentenced Delcid to three years incarceration, suspended, and placed Delcid on two years probation, one year supervised, one year unsupervised. The Judge also ordered that Delcid perform 80 hours community service, pay a \$1,000 fine, suspending \$499.50 of the fine, and ordered that Delcid not provide direct hands-on-care to a vulnerable adult for a period of three years.

According to the statement of facts, on September 19 and 20, 2005, Delcid was paid to provide care to three developmentally disabled men who suffer from Cerebral Palsy as well as other medical issues. Each man required 24 hour awake-overnight supervision. On September 19 and 20, the awake overnight caregiver arrived early for his shift and found that Delcid was not present. On both evenings, the awake over-night care giver found the three men unharmed in their beds. The caregiver reported Delcid's absence after the second incident.

Investigation revealed that Delcid had left the home on both evenings almost two hours prior to the end of his shift to go to a second job conducting telephone surveys from a call center located more than six miles away from the home.

* * * *

Attorney General Curran announced on August 23, 2006 that Betty Faye Robinson, an owner of an unlicensed assisted living facility in Baltimore County was charged by a grand jury in a five-count indictment on charges arising from the care Robinson provided to a resident of the unlicensed facility. The indictment charges Robinson with one count of Neglect of a Vulnerable Adult in the Second Degree for an incident that occurred at the home where Robinson cared for a vulnerable adult. The indictment also charges Robinson with Abuse of a Vulnerable Adult in the Second Degree, Felony Theft, Providing Services Unlawfully, and Interference with the Rights of Individuals concerning the care Robinson provided from November 2005 through January 2006.

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

Patient Trust Funds: Minnesota

Attorney General Swanson announced on February 9 that Sara Ruth Peck pleaded guilty to two counts of financial exploitation of a vulnerable adult. Peck was the responsible party for a patient who suffered from Alzheimer's Disease. The patient received income from Social Security, the Veteran's Administration and a civil service pension plan. The checks were automatically deposited into the patient's bank account. From that account, Peck was supposed to pay the nursing home bill and deposit money into her personal needs account. From October 2004 through April 2005, Peck did not pay the nursing home bills nor did she deposit money into the patient's personal needs account. Peck stole \$21,568.04.

Peck was charged with four counts of financial exploitation of a vulnerable adult. Peck was sentenced to 365 days in jail, stayed and placed on probation for five years. She must pay restitution to the patient in the amount of \$21,568.04, serve 60 days on electronic home monitoring, and perform 200 hours of community service. In addition, Peck must provide a DNA sample and is not to be employed with vulnerable adults.

For further information contact Assistant Attorney General Gina Jensen (651) 297-1093.

Patient Trust Funds: Mississippi

Attorney General Hood announced on October 23, 2006 that Pamela Walker pleaded guilty 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, and \$250 to Crime Victim's Compensation Fund).

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

Patient Trust Funds: Texas

Attorney General Abbott announced on January 26 that Holly Yvette Middleton pleaded guilty to three counts of Theft from an Elderly Individual, and pleaded 'True' to allegations listed in a probation revocation stemming from an earlier charge of Theft by a Public Servant. Middleton was sentenced to six months in a state jail facility and ordered to pay over \$4,000 in restitution. After being placed on Deferred Adjudication probation in April 2003, Middleton falsely portrayed herself as a social worker while employed at Westridge Nursing and Rehabilitation. She purchased items purported to be for residents of the nursing home, used the items for herself and her family, and was reimbursed for the purchase of the items by Westridge Nursing and Rehabilitation. Middleton's first false reimbursement was in May 2003, one month after being placed on probation. She provided a voluntary written confession when she was interviewed.

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

Patient Trust Funds: Vermont

Attorney General Sorrell announced on January 11 that Gretchen Jarvis was arraigned and pleaded guilty to the charges of embezzlement and financial exploitation of a vulnerable adult on January 10, based on an investigation that commenced in March 2006. The Medicaid Fraud and Residential Abuse Unit charged that Jarvis, as the accounts payable person of Lamoille County Mental Health Services, embezzled \$34,492.80 from three different accounts administered by and for the non-profit agency. Jarvis was also charged with and convicted of financial exploitation of a vulnerable adult due to her inappropriately writing checks from an account where she was named the representative payee for multiple developmentally disabled clients' Social Security and/or Social Security disability funds. Jarvis also took money from another developmentally disabled client's irrevocable trust account.

In return for Jarvis' guilty pleas she was sentenced to five years to ten and a half years all suspended except for nine days to serve. In addition, Jarvis will be placed on probation and will make full restitution of \$34,492.80 to Lamoille County Mental Health Services. As part of her probation Jarvis will be required to participate in substance abuse treatment counseling, random drug testing and community service in the form of speaking in area high schools about the impact that drugs and alcohol have had in her life.

For further information contact Assistant Attorney General Linda A. Purdy (802) 241-4440.

Personal Care Attendants: Maryland

Attorney General Curran announced on August 25, 2006 that Rebecca Lynn Arbogast was arrested on August 22, 2006 on an outstanding warrant for charges of Medicaid fraud and theft brought against her in a two count indictment returned by the Grand Jury of St. Mary's County on May 24, 2006. Arbogast's whereabouts were unknown until her arrest.

The indictment charges Arbogast with defrauding the Maryland Medicaid program through a course of conduct from on or about April 19, 2005 through on or about June 30, 2005 by submitting claims to Medicaid representing that she had provided personal care services to a St. Mary's County Medicaid recipient when in fact she had not provided the services. She is also charged with felony theft for stealing money in excess of \$500 from the Medicaid program.

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

Physicians: Tennessee

The Tennessee Medicaid Fraud Control Unit announced on July 17, 2006 that the Gibson County Circuit Court (Civil) granted a Summary Judgment against Billy Couch, MD, for charging patients cash for services otherwise paid for by Medicare, Medicaid and other insurance companies and using outdated flu vaccine. The court ordered Dr. Couch to pay the patients \$1,350 in restitution; pay the state \$13,500 in civil penalties and pay the Attorney General's Office \$10,050 for investigative fees. He is prohibited from using outdated flu vaccine and all costs associated with the legal action are to be taxed to Dr. Couch.

This case was opened on October 28, 2004, based on a referral from a private citizen. It was alleged that Dr. Couch was using outdated flu vaccine medication and charging the patients \$25 for the shots even though most insurance polices covered the expense. The Tennessee Health Related Boards (HRB) were notified and they started their own investigation. The two investigations, MFCU and HRB, resulted in the HRB conducting a hearing before the Tennessee Board of Medical examiners on September 28, 2005, at which Dr. Crouch's license was placed on probation for one year. He is to pay a civil penalty of \$7,200 and reasonable costs for prosecuting the case.

For further information contact Special Agent Glyn Whitworth (731) 984-6657.

* * * *

The Tennessee Medicaid Fraud Control Unit announced on October 16, 2006 that Sheran Yeates, M.D., pleaded guilty to one count of Aggravated Assault by Recklessness and one count of Subornation of Aggravated Perjury in the Humbolt County Criminal Court. The court sentenced Yeates to two years incarceration not to exceed the Federal sentence; in effect, seven months.

This case was opened on October 5, 2000, based on a referral from the Humboldt City Police Department. The city police were investigating allegations of rape against Dr. Yeates. During interviews with Yeates office staff concerning the rape charges, the police learned that the doctor's practice was collecting payments from patients and billing TennCare for the same visit/treatment. The MFCU was asked to investigate. The investigation, conviction and sentencing on the fraud charges have been previously reported. While investigating the fraud allegations, two of the employees confessed to providing false testimony before the Humboldt Grand Jury concerning the 2000 rape investigation. Yeates was subsequently indicted in July of 2004 and charged with Aggravated Rape. A trial for the rape charges was delayed until the fraud charges were tried in Federal Court.

For further information contact Special Agent Doug Pate (731) 984-6644.

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