

**IN THE UNITED STATES DISTRICT COURT FOR THE  
WESTERN DISTRICT OF MISSOURI  
SOUTHWESTERN DIVISION**

<b>UNITED STATES OF AMERICA,</b>	)	<b>No. 11-05048-01-CR-SW-DW</b>
	)	
Plaintiff,	)	<b>COUNTS ONE AND TWO</b>
	)	(Health Care Fraud)
vs.	)	18 U.S.C. §§ 1347 and 2
	)	NMT 10 Years Imprisonment
<b>RITA FRANCES HUNTER,</b>	)	NMT \$250,000 Fine
	)	NMT 3 Years Supervised Release
Defendant.	)	Mandatory Restitution
	)	Class C Felony
	)	
	)	<b>COUNTS THREE AND FOUR</b>
	)	(Theft of Public Money)
	)	18 U.S.C. §§ 641 and 2
	)	NMT 10 Years Imprisonment
	)	NMT \$250,000 Fine
	)	NMT 3 Years Supervised Release
	)	Mandatory Restitution
	)	Class C Felony
	)	
	)	<b>COUNTS FIVE THROUGH EIGHT</b>
	)	(Document Fraud)
	)	18 U.S.C. §§ 1001 and 2
	)	NMT 5 Years Imprisonment
	)	NMT \$250,000 Fine
	)	NMT 3 Years Supervised Release
	)	Class D Felony
	)	
	)	<b>COUNTS NINE AND TEN</b>
	)	(Social Security Fraud)
	)	42 U.S.C. § 408(a)(5)
	)	NMT 5 Years Imprisonment
	)	NMT \$250,000 Fine
	)	NMT 3 Years Supervised Release
	)	Class D Felony
	)	

- ) **COUNTS ELEVEN AND TWELVE**
- ) (Medicaid Fraud)
- ) 42 U.S.C. § 1320a-7b(a)(1)(ii)
- ) NMT 1 Year Imprisonment
- ) NMT \$10,000 Fine
- ) NMT 1 Years Supervised Release
- ) Class A Misdemeanor
- )
- ) \$100 Special Assessment (Counts 1-10)
- ) \$25 Special Assessment (Counts 11-12)

**INDICTMENT**

**THE GRAND JURY CHARGES THAT:**

At all times material to this Indictment:

**PARTIES AND ENTITIES**

1. **RITA FRANCES HUNTER** was the elected Public Administrator for Jasper County, Missouri, from January 1, 2005, to December 31, 2008.

2. **THE JASPER COUNTY PUBLIC ADMINISTRATOR’S OFFICE**, (herein referred to as (JCPA) was a county office of Jasper County, Missouri. In Missouri, the Missouri Circuit Court, Probate Division, appointed Public Administrators, to serve primarily on three types of cases as: 1) a Guardian and/or conservator for mentally disabled or indigent persons, 2) a personal representative of deceased estates; and 3) a conservator of minor estates. The majority of appointments of Public Administrator's were as guardian/conservator for mentally disabled persons. In Jasper County, the Public Administrator was elected to serve a four-year term. The JCPA’s office was a "fee office" meaning that fees were charged for services (usually based upon the time invested by the JCPA and upon the client's ability to pay). Fees were required to be approved by the Court Order, of a Circuit Judge assigned to review the work of the Public Administrator.

3. **WARDS** were persons designated by the Circuit Court to be under the care and custody of the JCPA as the guardian/conservator. Wards were primarily for mentally disabled or indigent persons.

4. **THE SOCIAL SECURITY ADMINISTRATION (herein known as SSA)** was an independent agency of the United States government that administered Social Security, a social insurance program consisting of retirement, disability, and survivors' benefits. Many of the wards under the care of the JCPA were eligible for Social Security benefits that the JCPA was responsible for applying for, obtaining, and using for the sole benefit of the ward.

5. **MEDICAID** was a health program established by the United States government for certain people and families with low incomes and resources. It was a means-tested program that was jointly funded by the state and federal governments, and was managed by the states, including Missouri. The JCPA had responsibility to apply for, and receive, Medicaid benefits for the sole use of the wards of the JCPA's office.

#### **COUNTS ONE AND TWO**

(Health Care Fraud-Title 18, United States Code, Section 1347 and 2)

#### **The Scheme or Artifice to Defraud**

6. From on or about January 1, 2005, through December 31, 2008, defendant **RITA FRANCES HUNTER**, as the Public Administrator of Jasper County, (JCPA), engaged in a scheme and artifice to defraud from the United States Department of Health and Human Services of money under the Medicaid program by falsely representing to the state agency administering the Medicaid program in Missouri that persons who were wards of the Jasper County Public Administrator's office were under the Medicaid eligibility threshold of \$1,000 in assets in a given month, when, in fact the wards had in excess of \$1,000 in assets at the time the defendant

caused the misrepresentation to be made. As a result of the misrepresentation, the wards received Medicaid benefits to which they were not entitled and which were administered by the defendant and the JCPA's office.

7. On January 1, 2005, the defendant took office as the elected Public Administrator of Jasper County, Missouri.

8. The JCPA's office applied for and received benefits from, SSA and Medicaid, for wards under the custody of the JCPA's office. When applying for Medicaid disbursements, Medicaid rules required the defendant to state: (1) sources and amounts of income for the wards; and (2) financial resources such as cash, securities, personal and real property and other items that may be used to contribute to the care of the ward. Medicaid used these representations to determine the ward's eligibility for Medicaid benefits. Wards who had in excess of \$1,000 in assets at any given time were not eligible for Medicaid benefits.

9. Beginning at least as early as April 2005, up to December 31, 2008, the defendant directed employees at the JCPA's office to submit materially false Medicaid applications for wards. These applications falsely stated to Medicaid that the ward had assets below the \$1,000 threshold, when in fact, the applicant had in excess of \$1,000 in assets.

10. Beginning at least as early as April 2005, up to December 31, 2008, the defendant used ward resources to fund approximately \$121,099 toward the administration of the JCPA's office. These payments were not allowed by law. The defendant approved these expenditures, which consisted of payments for administration fees, attorney fees, tax preparation fees and court fees unrelated to the ward's medical care and not allowed under law.

11. Beginning at least as early as April 2005, up to December 31, 2008, the defendant charged the “fees” which were collected from wards whose sole source of income was SSA payments. The defendant converted SSA payments made for the benefit of the wards to the use of the JCPA’s office without proper authorization from SSA, and contrary to her duties as a representative payee under SSA regulations.

12. The JCPA’s office failed to keep records and report information to SSA. The defendant directed the misuse of ward’s SSA payments by charging “fees” which were not reported to SSA. The “fees” charged by the defendant to wards receiving SSA payments would not have been approved by SSA.

13. As a representative payee, the defendant misused SSA funds intended for JCPA wards who were SSA beneficiaries, by charging \$15,901.35 in attorney fees and \$59,597 in public administrator fees, for a total fraud on SSA of \$75,498.35.

14. A review of selected ward files below revealed that the defendant alone, and with others, to engage in this scheme or artifice to defraud SSA and Medicaid of funds for her own use as JCPA.

**1. Ward J. B.**

15. During the time defendant was the JCPA, J.B. was a ward of the JCPA’s office.

16. On or about November 4, 2008, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for J.B. The statement indicated that J.B. had a total bank balance of \$828.90, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it

was true. In fact, the statement was false, in that on or about November 4, 2008, J.B. had \$2,728.90 in his bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for J.B., when he was not eligible. Based upon the defendant's false representation, J.B. received Medicaid benefits, which were administered by the defendant.

17. On or about February 27, 2008, the defendant caused J.B.'s 2007 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that J.B. received \$13,427 in benefits from SSA and that the JCPA had not saved any of J.B.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$11,029 for J.B.'s food and housing and \$2,398 for clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge J.B. any fees for services provided. A review of J.B.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$1,120 from J.B.'s account to pay for "attorney fees and tax preparation," paid \$69 to the defendant, paid \$5,058.75 to the JCPA as fees for services, and paid \$30 to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$6,277.75.

## 2. Ward L.C.

18. During the time defendant was the JCPA, L.C. was a ward of the JCPA's office.

19. On or about December 13, 2007, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for L.C. The statement indicated that L.C. had a

total bank balance of \$506.60, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about December 3, 2007, L.C. had \$1,656.60 in her bank account. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for L.C., when she was not eligible. Based upon the defendant's false representation, L.C. received Medicaid benefits, which were administered by the defendant.

20. On or about April 3, 2008, the defendant caused L.C.'s fiscal year 2007 "Representative Payee Report" be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that L.C. received \$9,914 in benefits from SSA and that the JCPA had not saved any of L.C.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$8,894 for L.C.'s food and housing and \$1,020 for L.C.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge L.C. any fees for services provided. A review of L.C.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$390 from L.C.'s account to pay for "attorney fees and tax preparation," paid \$3,333.75 to the JCPA as fees for services, and paid \$30 as fee to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees which totaled \$3,753.75.

### **3. Ward C.H.**

21. During the time defendant was the JCPA, C.H. was a ward of the JCPA's office.

22. On or about July 12, 2007, the defendant directed others in her office to prepare a eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for C.H. The statement indicated that C.H. had a total bank balance of \$814.83, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about July 5, 2007, C.H. had \$3,214.83 in her bank account. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for C.H., when she was not eligible. Based upon the defendant's false representation, C.H. received Medicaid benefits, which were administered by the defendant.

23. On or about July 13, 2007, the defendant caused C.H.'s fiscal year 2007 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that C.H. received \$3,212 in benefits from SSA and that the JCPA had not saved any of C.H.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$2,576 of the benefit payments for C.H.'s food and housing and \$636 on C.H.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge C.H. any fees for services provided during the time period reported. A review of C.H.'s checking account, which was managed by the JCPA and the defendant, revealed that the JCPA's office withdrew \$550 from C.H.'s account to pay for "attorney fees and tax preparation," paid \$2,617.50 to the JCPA as fees for services, and paid \$30 as fee to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees which totaled \$3,197.50.



**4. Ward J.I.**

24. During the time defendant was the JCPA, J.I. was a ward of the JCPA's office.

25. On or about July 20, 2007, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for J.I. The statement indicated that J.I. had a total bank balance of \$986.94, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about July 17, 2007, J.I. had \$1,751.94 in her bank account. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for J.I., when she was not eligible. Based upon the defendant's false representation, J.I. received Medicaid benefits, which were administered by the defendant.

**5. Ward C.M.**

26. During the time defendant was the JCPA, C.M. was a ward of the JCPA's office.

27. On or about January 10, 2008, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for C.M. The statement indicated that C.M. had a total bank balance of \$417.26, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about January 28, 2008, C.M. had \$1,617.28 in his bank account. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for

C.M., when he was not eligible. Based upon the defendant's false representation, C.M. received Medicaid benefits, which were administered by the defendant.

**6. Ward D.R.**

28. During the time defendant was the JCPA, D.R. was a ward of the JCPA's office.

29. On or about April 3, 2008, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for D.R. The statement indicated that D.R. had a total bank balance of \$778.15, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about April 8, 2008, D.R. had \$4,248.15 in his checking account balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for D.R., when he was not eligible. Based upon the defendant's false representation, D.R. received Medicaid benefits, which were administered by the defendant.

**7. Ward R.S.**

30. During the time defendant was the JCPA, R.S. was a ward of the JCPA's office.

31. On or about August 15, 2006, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for R.S. The statement indicated that R.S. had a total bank balance of \$714.03, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about August 3, 2006, R.S. had \$4,714.03

in her bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for R.S., when she was not eligible. Based upon the defendant's false representation, R.S. received Medicaid benefits, which were administered by the defendant.

32. On or about July 17, 2007, the defendant caused R.S.'s fiscal year 2007 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. The report was for the time period from June 1, 2006, to May 31, 2007. In the report, the defendant stated that R.S. received \$9,682 in benefits from SSA and that the JCPA had not saved any of R.S.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$9,322 for R.S.'s food and housing and \$360 for R.S.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge R.S. any fees for services provided. A review of R.S.'s checking account, which was managed by the JCPA and the defendant during the time period, revealed that the JCPA's office withdrew \$700 from R.S.'s account to pay for "attorney fees and tax preparation," and paid \$3,322.50 to the JCPA as fees for services, on June 1, 2007, on day after the reporting period ended. The JCPA's office and the defendant knowingly failed to inform SSA of these fee and other payments which totaled \$4,057.50.

**8. Ward J.S.**

33. During the time defendant was the JCPA, J.S. was a ward of the JCPA's office.

34. On or about December 1, 2007, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for J.S. The statement indicated that J.S. had a

total bank balance of \$632.36, which was less than the \$1,000 eligibility threshold for Medicaid benefits. In fact, the statement was false, in that on or about November 30, 2007, J.S. had \$3,404.24 in his bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for J.S., when he was not eligible. Based upon the defendant's false representation, J.S. received Medicaid benefits, which were administered by the defendant.

35. On or about September 19, 2007, the defendant caused J.S.'s fiscal year 2007 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that J.S. received \$5,768 in benefits from SSA and that the JCPA had not saved any of J.S.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$5,408 for J.S.'s food and housing and \$360 for J.S.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge J.S. any fees for services provided during the reporting time period. A review of J.S.'s checking account, which was managed by the JCPA and the defendant during the time period, revealed that the JCPA's office withdrew \$570.90 from J.S.'s account to pay for "attorney fees and tax preparation," and paid \$4,815 to the JCPA as fees for services. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$5,385.90.

#### 9. Ward A.T.

36. During the time defendant was the JCPA, A.T. was a ward of the JCPA's office.

37. On or about November 7, 2008, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City,

Missouri, in order to retain Medicaid eligibility for A.T. The statement indicated that A.T. had a total bank balance of \$868.13, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about November 3, 2008, A.T. had \$1,218.13 in her checking account balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for A.T., when she was not eligible. Based upon the defendant's false representation, A.T. received Medicaid benefits, which were administered by the defendant.

**10. Ward B.T.**

38. During the time defendant was the JCPA, B.T. was a ward of the JCPA's office.

39. On or about February 8, 2007, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for B.T. The statement indicated that B.T. had a total bank balance of \$983.14, which was less than the \$1,000 threshold eligibility for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about February 2, 2007, B.T. had \$4,483.14 in her bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for B.T., when she was not eligible. Based upon the defendant's false representation, B.T. received Medicaid benefits, which were administered by the defendant.

40. On or about June 17, 2008, the defendant caused B.T.'s fiscal year 2008 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in

Wilkes-Barre, Pennsylvania. The report was for the time period from May 1, 2007, to April 30, 2008. In the report, the defendant stated that B.T. received \$4,568 in benefits from SSA and that the JCPA had not saved any of B.T.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$4,208 for B.T.'s food and housing and \$360 for B.T.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge B.T. any fees for services provided during the reporting time period. A review of B.T.'s checking account, which was managed by the JCPA and the defendant, revealed that the JCPA's office withdrew \$355 from B.T.'s account to pay for "attorney fees and tax preparation," and paid \$1,900 to the JCPA as fees for services. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$2,255 for the time period involved.

#### **11. Ward R.T.**

41. During the time defendant was the JCPA, R.T. was a ward of the JCPA's office.
42. On or about June 18, 2008, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for R.T. The statement indicated that R.T. had a total bank balance of \$903.44, which was less than the \$1,000 eligibility threshold Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about June 13, 2008, R.T. had \$10,293.44 in his bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for R.T., when he

was not eligible. Based upon the defendant's false representation, R.T. received Medicaid benefits, which were administered by the defendant.

43. On or about September 22, 2008, the defendant caused R.T.'s fiscal year 2008 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that R.T. received \$8,268 in benefits from SSA and that the JCPA had not saved any of R.T.'s benefit payments. In the Report, the defendant stated that the JCPA's office had spent \$7,244 for R.T.'s food and housing and \$1,024 for R.T.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge R.T. any fees for services provided during the reporting time period. A review of R.T.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$910 from R.T.'s account to pay for "attorney fees and tax preparation," and paid \$4,672 to the JCPA as fees for services. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$5,582 for the time period involved.

### 12. Ward T.V.

44. During the time defendant was the JCPA, T.V. was a ward of the JCPA's office.

45. On or about August 6, 2008, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for T.V. The statement indicated that T.V. had a total bank balance of \$827.27, which was less than the \$1,000 eligibility for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about July 31, 2008, T.V. had \$6,919.27 in her bank

balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for T.V., when she was not eligible. Based upon the defendant's false representation, T.V. received Medicaid benefits, which were administered by the defendant.

46. On or about June 27, 2008, the defendant caused T.V.'s fiscal year 2008 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that T.V. received \$7,791 in benefits from SSA and that the JCPA had not saved any of T.V.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$7,791 for T.V.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge T.V. any fees for services provided during the reporting time period. A review of T.V.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$180 from T.V.'s account to pay for "attorney fees and tax preparation," and paid \$2,212.50 to the JCPA as fees for services. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$2,392.50.

### 13. Ward R.W.

47. During the time defendant was the JCPA, R.W. was a ward of the JCPA's office.

48. On or about November 6, 2007, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for R.W. The statement indicated that R.W. had a total bank balance of \$832.62, which was less than the \$1,000 eligibility threshold for



Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about November 2, 2007, R.W. had \$1,432.62 in her bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for R.W., when she was not eligible. Based upon the defendant's false representation, R.W. received Medicaid benefits, which were administered by the defendant.

49. On or about August 13, 2008, the defendant caused R.W.'s fiscal year 2008 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that R.W. received \$10,417 in benefits from SSA and that the JCPA had not saved any of R.W.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$10,057 for R.W.'s food and housing and \$360 for R.W.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge R.W. any fees for services provided during the reporting time period. A review of R.W.'s checking account, which was managed by the JCPA and the defendant during the time period, revealed that the JCPA's office withdrew \$470 from R.W.'s account to pay for "attorney fees and tax preparation," and paid \$6,196.25 to the JCPA as fees for services. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$6,666.25.

#### 14. Ward J.W.

50. During the time defendant was the JCPA, J.W. was a ward of the JCPA's office.

51. On or about April 27, 2007, the defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City,

Missouri, in order to retain Medicaid eligibility for J.W. The statement indicated that J.W. had a total bank balance of \$498.26, which was less than the \$1,000 eligibility threshold for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about April 24, 2007, J.W. had \$3,495.30 in his bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for J.W., when he was not eligible. Based upon the defendant's false representation, J.W. received Medicaid benefits, which were administered by the defendant.

52. On or about June 27, 2008, the defendant caused J.W.'s fiscal year 2008 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that J.W. received \$11,469 in benefits from SSA and that the JCPA had not saved any of J.W.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$10,730 for J.W.'s food and housing and \$739 for J.W.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge J.W. any fees for services provided during the reporting time period. A review of J.W.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$330 from J.W.'s account to pay for "attorney fees and tax preparation," and paid \$4,040 to the JCPA as fees for services. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$4,370 for the time period involved.

**The Charges**

53. The factual allegations contained in paragraphs 1-52 of this indictment are incorporated by reference herein to fully describe the scheme and artifice devised by the defendant and others both known and unknown to the Grand Jury.

54. On or about the dates cited below, in Jasper County, in the Western District of Missouri, the defendant, **RITA FRANCES HUNTER**, either alone, and along with others, knowingly and willfully executed and attempted to execute the above-described scheme and artifice to defraud, and obtain by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by and under the custody and control of Medicaid, a health care benefit program as defined in Title 18, United States Code, Section 24(b), in connection with the delivery of and payment for health care benefits, items, and services, all in violation of Title 18, United States Code, Sections 1347 and 2.

<b>COUNT</b>	<b>DATE</b>	<b>ACT OR ATTEMPTED ACT OF EXECUTION</b>
1	June 18, 2008	The defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for R.T. The statement indicated that R.T. had a total bank balance of \$903.44, which was less than the \$1,000 eligibility threshold Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about June 13, 2008, R.T. had \$10,293.44 in his bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for R.T., when he was not eligible. Based upon the defendant's false representation, R.T. received Medicaid benefits, which were administered by the defendant.
2	August 6, 2008	The defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid

		<p>eligibility for T.V. The statement indicated that T.V. had a total bank balance of \$827.27, which was less than the \$1,000 eligibility for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about July 31, 2008, T.V. had \$6,919.27 in her bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for T.V., when she was not eligible. Based upon the defendant's false representation, T.V. received Medicaid benefits, which were administered by the defendant.</p>
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**COUNTS THREE AND FOUR**

(Theft of Government Property-Title 18, U.S.C., Sections 641 and 2)

**The Charges**

55. The factual allegations contained in paragraphs 1-52 of this indictment are incorporated by reference herein to fully describe the actions of the defendant and others, both known and unknown to the Grand Jury.

56. On or about the dates cited below, in Jasper County, in the Western District of Missouri, the defendant, **RITA FRANCES HUNTER**, either alone in her capacity as JCPA, or along with others, willfully and knowingly did steal, purloin or convert the items described in more particularly in each count, of the value of in excess of \$1,000, of the goods and property of the United States, in violation of Title 18, United States Code, Sections 641 and 2.

COUNT	DATE	ACT OR ATTEMPTED ACT OF EXECUTION
3	February 27, 2008	<p>The defendant caused J.B.'s 2007 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that J.B. received \$13,427 in benefits from SSA and that the JCPA had not saved any of J.B.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$11,029 for J.B.'s food and housing and \$2,398 for clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge J.B. any fees for services provided. A review of J.B.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$1,120 from J.B.'s account to pay for "attorney fees and tax preparation," paid \$69 to the defendant, paid \$5,058.75 to the JCPA as fees for services, and paid \$30 to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$6,277.</p>
4	April 3, 2008	<p>The defendant caused L.C.'s fiscal year 2007 "Representative Payee Report" be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that L.C. received \$9,914 in benefits from SSA and that the JCPA had not saved any of L.C.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$8,894 for L.C.'s food and housing and \$1,020 for L.C.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge L.C. any fees for services provided. A review of L.C.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$390 from L.C.'s account to pay for "attorney fees and tax preparation," paid \$3,333.75 to the JCPA as fees for services, and paid \$30 as fee to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees which totaled \$3,753.75.</p>

**COUNTS FIVE THROUGH EIGHT**

(Document Fraud-Title 18, U.S.C., Section 1001 and 2)

**The Scheme or Artifice to Defraud**

57. The factual allegations contained in paragraphs 1-52 of this indictment are incorporated by reference herein to fully describe the actions of the defendant and others, both known and unknown to the Grand Jury, as well as the scheme or artifice to defraud.

**The Charges**

58. On or about the dates cited below, in Jasper County, in the Western District of Missouri, and elsewhere, the defendant, **RITA FRANCES HUNTER**, did willfully and knowingly make and cause to be made, and use and cause to be used, in a matter within the jurisdiction of a department or agency of the United States, a false writing or document, knowing the same to contain a materially false, fictitious, and fraudulent statement, in that **RITA FRANCES HUNTER** submitted the false document and false statements within each document to the officials and locations described in particular in each count listed below, well knowing and believing that the statements and the documents containing the statements were materially false, fictitious and fraudulent, in violation of Title 18, United States Code, Sections 1001 and 2.

<b>COUNT</b>	<b>DATE</b>	<b>ACT OR ATTEMPTED ACT</b>
5	February 27, 2008	The defendant caused J.B.'s 2007 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that J.B. received \$13,427 in benefits from SSA and that the JCPA had not saved any of J.B.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$11,029 for J.B.'s food and housing and \$2,398 for clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge J.B. any fees for services provided. A review of J.B.'s checking

		<p>account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$1,120 from J.B.'s account to pay for "attorney fees and tax preparation," paid \$69 to the defendant, paid \$5,058.75 to the JCPA as fees for services, and paid \$30 to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$6,277.75.</p>
6	April 3, 2008	<p>The defendant caused L.C.'s fiscal year 2007 "Representative Payee Report" be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that L.C. received \$9,914 in benefits from SSA and that the JCPA had not saved any of L.C.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$8,894 for L.C.'s food and housing and \$1,020 for L.C.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge L.C. any fees for services provided. A review of L.C.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$390 from L.C.'s account to pay for "attorney fees and tax preparation," paid \$3,333.75 to the JCPA as fees for services, and paid \$30 as fee to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees which totaled \$3,753.75.</p>
7	June 18, 2008	<p>The defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for R.T. The statement indicated that R.T. had a total bank balance of \$903.44, which was less than the \$1,000 eligibility threshold Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about June 13, 2008, R.T. had \$10,293.44 in his bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for R.T., when he was not eligible. Based upon the defendant's false representation, R.T.</p>

		received Medicaid benefits, which were administered by the defendant.
8	August 6, 2008	The defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for T.V. The statement indicated that T.V. had a total bank balance of \$827.27, which was less than the \$1,000 eligibility for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about July 31, 2008, T.V. had \$6,919.27 in her bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for T.V., when she was not eligible. Based upon the defendant's false representation, T.V. received Medicaid benefits, which were administered by the defendant.

**COUNTS NINE AND TEN**

(Social Security Fraud - Title 42, U.S.C., Section 408(a)(5))

**The Scheme or Artifice to Defraud**

59. The factual allegations contained in paragraphs 1-52 of this indictment are incorporated by reference herein to fully describe the actions of the defendant and others, both known and unknown to the Grand Jury, as well as the scheme or artifice to defraud.

**The Charges**

60. On or about the dates cited below, in Jasper County, in the Western District of Missouri, and elsewhere, the defendant, **RITA FRANCES HUNTER**, having made application, as the JCPA, to receive payment of SSA payments for the use and benefit of another and having received such payment, knowingly and willfully converted such payments to a use other than for the use and benefit of such other person. Specifically, she did not disclosed the transfer of SSA money to pay fees and other expenses imposed by the defendant, as JCPA, upon JCPA wards, as required by law and the procedures of SSA, in order to use the money for the administration of



the JCPA's office, in violation of Title 42, United States Code, Section 408(a)(5).

COUNT	DATE	ACT OR ATTEMPTED ACT
9	February 27, 2008	<p>The defendant caused J.B.'s 2007 "Representative Payee Report" to be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that J.B. received \$13,427 in benefits from SSA and that the JCPA had not saved any of J.B.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$11,029 for J.B.'s food and housing and \$2,398 for clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge J.B. any fees for services provided. A review of J.B.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$1,120 from J.B.'s account to pay for "attorney fees and tax preparation," paid \$69 to the defendant, paid \$5,058.75 to the JCPA as fees for services, and paid \$30 to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees and other payments which totaled \$6,277.75.</p>
10	April 3, 2008	<p>The defendant caused L.C.'s fiscal year 2007 "Representative Payee Report" be sent by the JCPA's office to the SSA office located in Wilkes-Barre, Pennsylvania. In the report, the defendant stated that L.C. received \$9,914 in benefits from SSA and that the JCPA had not saved any of L.C.'s benefit payments. In the report, the defendant stated that the JCPA's office had spent \$8,894 for L.C.'s food and housing and \$1,020 for L.C.'s clothing, education, medical and dental expenses, recreation or personal items. The report indicated that the JCPA's office did not charge L.C. any fees for services provided. A review of L.C.'s checking account, which was managed by the JCPA and the defendant revealed that the JCPA's office withdrew \$390 from L.C.'s account to pay for "attorney fees and tax preparation," paid \$3,333.75 to the JCPA as fees for services, and paid \$30 as fee to the Circuit Court. The JCPA's office and the defendant knowingly failed to inform SSA of these fees which totaled \$3,753.75.</p>

**COUNTS ELEVEN AND TWELVE**

(Medicaid Fraud - Title 42, United States Code, Section 1320a-7b(a)(1)(II))

**The Scheme or Artifice to Defraud**

61. The factual allegations contained in paragraphs 1-52 of this indictment are incorporated by reference herein to fully describe the actions of the defendant and others, both known and unknown to the Grand Jury, as well as the scheme or artifice to defraud.

**The Charges**

62. On or about the dates cited below, in Jasper County, in the Western District of Missouri, the defendant, **RITA FRANCES HUNTER**, either alone, or along with others, as the JCPA, knowingly and willfully made or caused to be made a false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program, namely Medicaid, by falsely representing to the state agency in Missouri administering the Medicaid program that persons who were wards of the Jasper County Public Administrator's office were under the Medicaid eligibility threshold of \$1,000 in assets in a given month, when, in fact, the ward had in excess of \$1,000 in assets at the time the defendant caused the misrepresentation to be made, resulting in the wards receiving Medicaid benefits which were administered by the defendant and the JCPA's office, in violation of Title 42, United States Code, Sections 1320a-7b(a)(ii) and 2.

<b>COUNT</b>	<b>DATE</b>	<b>ACT OR ATTEMPTED ACT OF EXECUTION</b>
11	June 18, 2008	The defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for R.T. The statement indicated that R.T. had a total bank balance of \$903.44, which was less than the \$1,000 eligibility threshold Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about June 13, 2008, R.T. had \$10,293.44 in his bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure

		Medicaid eligibility for R.T., when he was not eligible. Based upon the defendant's false representation, R.T. received Medicaid benefits, which were administered by the defendant.
12	August 6, 2008	The defendant directed others in her office to prepare an eligibility statement to be submitted to Missouri Health Net, located in Jefferson City, Missouri, in order to retain Medicaid eligibility for T.V. The statement indicated that T.V. had a total bank balance of \$827.27, which was less than the \$1,000 eligibility for Medicaid benefits. The defendant caused this statement to be stamped with her signature verifying that it was true. In fact, the statement was false, in that on or about July 31, 2008, T.V. had \$6,919.27 in her bank balance. The defendant deliberately caused this false statement to be sent to Missouri Health Net so that the defendant could secure Medicaid eligibility for T.V., when she was not eligible. Based upon the defendant's false representation, T.V. received Medicaid benefits, which were administered by the defendant.

**A TRUE BILL**

/s/  
FOREPERSON OF THE GRAND JURY

/s/ Randall D. Eggert  
RANDALL D. EGGERT  
Assistant United States Attorney