State of Minnesota
County of Ramsey

District Court
2nd Judicial District

Prosecutor File No. 33.HL78.0202
Court File No. 62-CR-26-4387

State of Minnesota,
Plaintiff,

vs.

EDWARD WILLIAMS SHERROD DOB: [redacted]

[redacted]

Defendant.

COMPLAINT
Summons

The Complainant submits this complaint to the Court and states that there is probable cause to believe Defendant committed the following offense(s):

COUNT I

Charge: Theft by False Representation (over $5,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(2)
Maximum Sentence: Imprisonment of no more than 10 years, or payment of a fine of no more than $20,000, or both.
Offense Level: Felony

Offense Date (on or about): 01/18/2023 to 07/05/2023

Control #(ICR#): 20240030

Charge Description: On or about warrant dates January 18, 2023, through July 5, 2023, in Ramsey County, State of Minnesota, Defendant EDWARD WILLIAMS SHERROD (DOB [redacted] intentionally deceived a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $5,000, to wit: Defendant submitted timesheets with false representations to agencies, who then used the timesheets to prepare and file false claims for reimbursement, which were relied upon by the Minnesota Department of Human Services, who gave up possession of $7,776.30, in Medicaid funds, $5,292.65 of which the Defendant received in wages.

COUNT II

Charge: Theft by False Representation (over $5,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(2)
Maximum Sentence: Imprisonment of no more than 10 years, or payment of a fine of no more than $20,000, or both.
Offense Level: Felony

Offense Date (on or about): 07/19/2022 to 01/04/2023

Control #(ICR#): 20240030

Charge Description: On or about warrant dates July 19, 2022, through January 4, 2023, in Ramsey County, State of Minnesota, Defendant EDWARD WILLIAMS SHERROD (DOB [redacted] intentionally deceived a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $5,000, to wit: Defendant submitted timesheets with false representations to agencies, who then used the timesheets to prepare and file false claims for reimbursement, which were relied upon by the Minnesota Department of Human Services, who gave up possession of $10,578.87, in Medicaid funds, $7,163.59 of which the Defendant received in wages.

COUNT III

Charge: Theft by False Representation (over $5,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(2)
Maximum Sentence: Imprisonment of no more than 10 years, or payment of a fine of no more than $20,000, or both.
Offense Level: Felony

Offense Date (on or about): 01/04/2022 to 06/22/2022

Control #(ICR#): 20240030

Charge Description: On or about warrant dates January 4, 2022, through June 22, 2022, in Ramsey County, State of Minnesota, Defendant EDWARD WILLIAMS SHERROD (DOB [redacted] intentionally deceived a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $5,000, to wit: Defendant submitted timesheets with false representations to agencies, who then used the timesheets to prepare and file false claims for reimbursement, which were relied upon by the Minnesota Department of Human Services, who gave up possession of $11,162.45, in Medicaid funds, $7,421.98 of which the Defendant received in wages.

COUNT IV

Charge: Theft by False Representation (over $5,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(2)
Maximum Sentence: Imprisonment of no more than 10 years, or payment of a fine of no more than $20,000, or both.
Offense Level: Felony

Offense Date (on or about): 06/08/2021 to 12/07/2021

Control #(ICR#): 20240030

Charge Description: On or about warrant dates June 8, 2021, through December 7, 2021, in Ramsey County, State of Minnesota, Defendant EDWARD WILLIAMS SHERROD (DOB [redacted]) intentionally deceived a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment

for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $5,000, to wit: Defendant submitted timesheets with false representations to agencies, who then used the timesheets to prepare and file false claims for reimbursement, which were relied upon by the Minnesota Department of Human Services, who gave up possession of $12,052.60, in Medicaid funds, $8,211.87 of which the Defendant received in wages.

COUNT V

Charge: Theft by False Representation (over $5,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(2)
Maximum Sentence: Imprisonment of no more than 10 years, or payment of a fine of no more than $20,000, or both.
Offense Level: Felony

Offense Date (on or about): 12/08/2020 to 05/25/2021

Control #(ICR#): 20240030

Charge Description: On or about warrant dates December 8, 2020, through May 25, 2021, in Ramsey County, State of Minnesota, Defendant EDWARD WILLIAMS SHERROD (DOB [redacted]) intentionally deceived a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $5,000, to wit: Defendant submitted timesheets with false representations to agencies, who then used the timesheets to prepare and file false claims for reimbursement, which were relied upon by the Minnesota Department of Human Services, who gave up possession of $12,918.76, in Medicaid funds, $8,694.25 of which the Defendant received in wages.

COUNT VI

Charge: Theft by False Representation (over $1,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(3)(a)
Maximum Sentence: Imprisonment of no more than 5 years, or payment of a fine of no more than $10,000, or both.
Offense Level: Felony

Offense Date (on or about): 07/07/2020 to 11/25/2020

Control #(ICR#): 20240030

Charge Description: On or about warrant dates July 7, 2020, through November 25, 2020, in Ramsey County, State of Minnesota, Defendant EDWARD WILLIAMS SHERROD (DOB [redacted]) intentionally deceived a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $1,000, to wit: Defendant submitted timesheets with false representations to agencies, who then used the timesheets to prepare and file false claims for reimbursement, which were relied upon by the Minnesota Department of Human Services, who gave up possession of $7,111.10, in Medicaid funds, $4,926.78 of which the Defendant received in wages.

STATEMENT OF PROBABLE CAUSE

The Complainant states that the following facts establish probable cause:

Your affiant, Joseph Bayerl, is an Investigator with the Medicaid Fraud Control Unit (MFCU) of the Minnesota Attorney General's Office. As Investigator for the MFCU, I investigate allegations of billing fraud by health care providers enrolled in the Minnesota Medical Assistance (Medicaid) Program. In this capacity, I investigated Edward Williams Sherrod (DOB [redacted]) (SHERROD), the defendant herein, and SHERROD's work as a Personal Care Assistant. I determined that SHERROD defrauded the Medicaid program by submitting time sheets for services that he did not provide. As a result of these false claims, the Minnesota Department of Human Services paid out over $60,000 in Medicaid funds, $41,711.12 of which SHERROD was paid in wages.

I. THE MEDICAID PROGRAM

The Medicaid program provides medical care and services to Minnesotans (recipients) who meet certain income and other eligibility requirements. The Medicaid program, known in Minnesota as the Minnesota Health Care Programs (MHCP), is administered by the Minnesota Department of Human Services (DHS). The DHS enrolls health care providers to furnish health care services and goods to Medicaid recipients.

Medicaid providers are informed of the laws and regulations governing their participation through the MHCP Provider Manual (Manual), which provides specific information for each provider type. For instance, providers must submit claims only after services are rendered and cannot submit claims that overstate either the level of care provided, or the amount of care provided.

Medicaid covers personal care assistant (PCA) services, which include assistance with activities of daily living like dressing, grooming, bathing, eating, mobility, and toileting. Under Medicaid guidelines, personal care services are provided by a PCA, who is employed by a Personal Care Assistance Services Agency (Agency) for the purpose of providing personal care necessary to maintain a recipient in his or her residence. A PCA is required to accurately document the time he or she spends with a recipient on a timesheet. The PCA then submits the timesheets to the Agency, which bills the DHS for services based on the information reported in the timesheet.

Medicaid also offers a shared care option for recipients of PCA services. Shared care services are provided in the same setting at the same time by the same PCA for multiple recipients. Shared care PCA payment rates, which are different from individual PCA service rates, apply if a PCA is providing shared care services. Shared care services must be approved by an assessor before the services are rendered. Additionally, any recipients receiving shared care services must have signed the Home Care Shared Services Agreement and been approved by the Agency for shared care services. This agreement must then be kept in the recipient's file. All parties involved, including the PCA, must participate in training relating to shared care services. Finally, shared care services simultaneously provided to two separate recipients must be provided through the same Agency; in other words, a PCA cannot provide shared care services to two separate recipients through two separate agencies.

III. SHERROD's FRAUD

SHERROD reported that he provided PCA services to B.R., D.H., D.A.R., M.E., R.F., and T.F. (Medicaid recipients are identified by their initials to protect their privacy) through Accra Care Inc., Best Care LLC, and Garden Home Health Care, Inc. (collectively, the "PCA Agencies"). Between May 2020 and June 2023, SHERROD submitted over 3,500 hours in his time sheets to the PCA Agencies that he could

not have worked, because at those times, he was working elsewhere.

Based on my review of SHERROD's employment records, SHERROD was awarded a certificate of successful completion of personal care assistant training on September 20, 2017. According to that certificate, SHERROD's 2017 training reviewed "how to accurately complete a time card" and "[i]dentifying fraudulent behavior and the consequences of committing fraud."

Also, immediately above the PCA signature line, the Best Care LLC ("Best Care") timesheets state:

> "Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for Medical Assistance payments. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan."

The hundreds of other time sheets SHERROD signed throughout his career as a PCA for the remaining PCA Agencies contained similar certifications and acknowledgements above SHERROD's signatures. Nevertheless, according to one recipient, M.E., who SHERROD agreed to provide services to, SHERROD asked M.E. to sign blank timesheets "in advance" of providing services.

Further, based on my review of SHERROD's time sheets and payroll records, between 2020 and 2022, SHERROD often claimed to work over 1,000 hours in a quarter and one time over 1,500 hours in a quarter. Typically, a full-time job constitutes approximately 500 hours per quarter.

As a result of some of SHERROD's representations made in his time sheets between 2020 and 2023, Medicaid was billed for over 3,500 hours for PCA services that SHERROD could not have provided, because he was at another job for those times billed.

More specifically, SHERROD worked for Subway from October 2015 through August 2021, and again, between January 2022 and into at least early 2025. Sometimes SHERROD submitted timesheets to the PCA Agencies reporting to be providing PCA services during the same times he was clocked in for his Subway shifts. For example, SHERROD reported to Garden Home Health Care, Inc. ("Garden Home") that SHERROD provided PCA services to D.A.R. from 4:00 p.m. to 6:30 p.m. on July 1, 2020. Based on my review of Subway records, however, SHERROD was also clocked in for a Subway shift from 4:00 p.m. to 10:05 p.m. the same day. Again, on August 4, 2022, SHERROD was clocked in for a shift at Subway from 1:01 p.m. to 9:33 p.m. (with a break taken between 3:42 p.m. and 4:14 p.m.). But he also submitted a timesheet to Best Care reporting to be providing PCA services to B.R. between 2:30 p.m. and 7:00 p.m. on August 4, 2022. He also claimed in his Best Care timesheet from April 4, 2023 to provide services to B.R. between 2:30 p.m. and 7:00 p.m., while he was working at Subway that day from 1:51 p.m. to 9:03 p.m.

Moreover, there are times where SHERROD's timesheets are made impossible because he was reporting to provide PCA services to two or more recipients at the same time, and splitting up which PCA Agencies he was reporting these hours to so the PCA Agencies could not flag the overlapping hours before submitting claims to DHS to be reimbursed with Medicaid funds. For example, his May 3, 2021 timesheets to Accra Care reported that he was with B.R. between 7:00 a.m. and 11:30 a.m., then with R.F. between 3:00 p.m. and 6:00 p.m. But his timesheet Garden Home from that same day reported providing PCA services to D.H. between 5:00 a.m. and 8:00 a.m. and then providing PCA services to D.H. between 4:00 p.m. and 6:00 p.m. Similarly, for November 14, 2021, SHERROD reported to Garden Home that he was providing PCA services to D.H. between 12:00 p.m. and 6:00 p.m. and then providing PCA services to D.A.R. from 7:00 p.m. to 9:00 p.m. However, SHERROD also reported to Best Care that on the same day he was providing services to B.R. between 2:30 p.m. and 7:00 p.m. and then providing services to R.F. from 7:30 p.m. to 10:30 p.m.

SHERROD also worked for Fridley Public Schools between August 2021 and January 2022. At several times, SHERROD reported to be with multiple recipients while also working at Fridley Public Schools. For example, he was clocked in at Fridley High School on December 2, 2021 from 2:45 p.m. to 10:32 p.m. and again between 11:02 p.m. and 11:33 p.m. But according to his timesheets he submitted to Garden Home and Best Care, he also reported providing PCA services between 4:00 p.m. and 6:00 p.m., and again between 7:30 p.m. and 10:30 p.m. on the December 2, 2021, respectively.

Finally, several of the Medicaid recipients SHERROD agreed to provide services to were young and/or vulnerable individuals. For example, B.R. is a non-verbal minor Medicaid recipient, with developmental delays. According to the service plans for B.R. submitted through Best Care and Accra Care, SHERROD started providing services to B.R. around the age of 35 months, after B.R.'s daycare determined it could not accommodate B.R.'s needs. But by the time B.R. was 6 years' old, B.R. received one-on-one services through B.R.'s public school. Nevertheless, SHERROD appeared to submit timesheets reporting he provided B.R. with PCA services during the school year.

SHERROD signed timesheets reporting at least 3,500 hours' worth of time he could not have physically worked. As a result, DHS paid over $60,000 in Medicaid funds for PCA services that were not provided.

After the undersigned made a letter request for an interview, SHERROD did not respond.

IV. Conclusion

To calculate overlap, I compared SHERROD's timesheets submitted across PCA Agencies with records of his other-employment activities. I found that SHERROD submitted time sheets, reporting over 3,500 hours that could not have occurred while he was working for a different employer or working as a PCA for another Medicaid recipient. As a result of SHERROD's false claims, the DHS paid out at least $61,600.08 in Medicaid funds, and at least $41,711.12 of which was paid in wages to SHERROD. Broken down into charging periods by warrant date (the date on which DHS issued payment to the PCA Agencies for claims submitted for SHERROD's work), the overpayment by DHS, based on SHERROD's conduct is as follows:

Count	Warrant Dates	Overpayment to Agency	Overpayment in Wages
1	January 18, 2023 – July 5, 2023	$7,776.30	$5,292.65
2	July 19, 2022 – January 4, 2023	$10,578.87	$7,163.59
3	January 4, 2022 – June 22, 2022	$11,162.45	$7,421.98
4	June 8, 2021 – December 7, 2021	$12,052.60	$8,211.87
5	December 8, 2020 – May 25, 2021	$12,918.76	$8,694.25
6	July 7, 2020 – November 25, 2020	$7,111.10	$4,926.78
Total		**$61,600.08**	**$41,711.12**

SIGNATURES AND APPROVALS

Complainant requests that Defendant, subject to bail or conditions of release, be:
(1) arrested or that other lawful steps be taken to obtain Defendant's appearance in court; or
(2) detained, if already in custody, pending further proceedings; and that said Defendant otherwise be dealt with according to law.

Complainant declares under penalty of perjury that everything stated in this document is true and correct. Minn. Stat. § 358.116; Minn. R. Crim. P. 2.01, subds. 1, 2.

Complainant

Joesph Bayerl
Investigator
[redacted]

Electronically Signed:
06/22/2026 10:40 AM
Hennepin County, Minnesota

Being authorized to prosecute the offenses charged, I approve this complaint.

Prosecuting Attorney

Esther M. Soria
Assistant Attorney General
[redacted]

Electronically Signed:
06/18/2026 11:51 AM