COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: Montgomery

Magisterial District Number: 38-1-22
MDJ: Hon. W. Stephens
Address: 955 Horsham Road
Horsham, PA 19044
Telephone: (215) 675-2040

ORIGINAL

POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT: (NAME and ADDRESS):

First Name	Middle Name	Last Name	Gen.
Kyaria		Townes	

[redacted]
Philadelphia, PA 19124

NCIC Extradition Code Type

- ☒ 1-Felony Full
- ☐ 2-Felony Ltd.
- ☐ 3-Felony Surrounding States
- ☐ 4-Felony No Ext.
- ☐ 5-Felony Pend.
- ☐ 6-Felony Pend. Extradition Determ.
- ☐ A-Misdemeanor Full
- ☐ B-Misdemeanor Limited
- ☐ C-Misdemeanor Surrounding States
- ☐ D-Misdemeanor No Extradition
- ☐ E-Misdemeanor Pending
- ☐ F-Misdemeanor Pending Extradition Determ.
- ☐ Distance: _____

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed	OTN/LiveScan Number	Complaint Number	Incident Number	Request Lab Services?
CR-85-26	6/10/26	U 1019807-5	MFI240240116F	MFI240240116F	☐ YES ☒ NO

GENDER	DOB	POB	Add'l DOB	Co-Defendant(s)
☐ Male ☒ Female	[redacted]		/ /	☐

First Name | Middle Name | Last Name | Gen. | AKA

RACE: ☐ White ☐ Asian ☒ Black ☐ Native American ☐ Unknown
ETHNICITY: ☐ Hispanic ☒ Non-Hispanic ☐ Unknown

HAIR COLOR: ☐ GRY (Gray) ☐ RED (Red/Aubn.) ☐ SDY (Sandy) ☐ BLU (Blue) ☐ PLE (Purple) ☐ BRO (Brown) ☒ BLK (Black) ☐ ONG (Orange) ☐ WHI (White) ☐ XXX (Unk./Bald) ☐ GRN (Green) ☐ PNK (Pink) ☐ BLN (Blonde / Strawberry)

EYE COLOR: ☐ BLK (Black) ☐ BLU (Blue) ☒ BRO (Brown) ☐ GRN (Green) ☐ GRY (Gray) ☐ HAZ (Hazel) ☐ MAR (Maroon) ☐ PNK (Pink) ☐ MUL (Multicolored) ☐ XXX (Unknown)

DNA	☐ YES ☐ NO	DNA Location		WEIGHT (lbs.)
FBI Number		MNU Number		163
Defendant Fingerprinted	☐ YES ☐ NO			Ft. HEIGHT In.
Fingerprint Classification:				5 9

DEFENDANT VEHICLE INFORMATION

Plate #	State	Hazmat	Registration Sticker (MM/YY)	Comm'l Veh. Ind.	School Veh.	Oth. NCIC Veh. Code	Reg. same as Def.
		☐	/	☐	☐		☐

VIN	Year	Make	Model	Style	Color

Office of the attorney for the Commonwealth ☒ Approved ☐ Disapproved because: _____

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

Edward Louka — Edward M. Louka — 06/10/2026
(Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, Samantha Safadi (Name of the Affiant) Badge# 982 (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of Pennsylvania Office of Attorney General (Identify Department or Agency Represented and Political Subdivision) PA0222400 (Police Agency ORI Number)

do hereby state: (check appropriate box)

1. ☒ I accuse the above named defendant who lives at the address set forth above
   ☐ I accuse the defendant whose name is unknown to me but who is described as _____
   ☐ I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe

with violating the penal laws of the Commonwealth of Pennsylvania at [301] (Subdivision Code) Horsham Township (Place-Political Subdivision)
400 Horsham Road, Horsham, PA 19044

in Montgomery County [46] (County Code) on or about January 1, 2021 through March 29, 2024 (Offense Date)

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI240240116F	Incident Number MFI240240116F
Defendant Name	First: Kyania	Middle:	Last: Townes	

2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.

3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

4. This complaint consists of the preceding page(s) numbered 1 through 3.

5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

June 10 (Date) 2026 (Year) J M Salada (Signature of Affiant)

AND NOW, on this date June 10, 2026 I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued. 38-1-04

(Magisterial District Court Number) (Issuing Authority)

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI240240116F	Incident Number MFI240240116F
Defendant Name	First: Kyania	Middle:	Last: Townes	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.
(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☒	1	1407	A (1)	of the	62 P.S.	1	F3	2699	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
Medicaid Fraud - Submission of False Information

Acts of the accused associated with this Offense:
One continuous count of knowingly submitting false information for the purpose of receiving greater compensation than entitled to receive under the Medical Assistance Program.

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	2	1407	A (4)	of the	62 P.S.	1	F3	2699	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
Medicaid Fraud - Services Not Rendered

Acts of the accused associated with this Offense:
One countinuous count of knowingly or intentionally submitting, or causing to be submitted, a claim for services where not rendered to a recipient under the Medical Assistance Program.

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

Lead?	Offense#	Section	Subsection		PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
☐	3	1407	A (7)	of the	62 P.S.	1	F3	2699	

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
Medicaid Fraud - Misrepresentation

Acts of the accused associated with this Offense:
One continuous count of knowingly or intentionally submitting, or causing to be submitted, a claim which misrepresented the description of services provided; the dates of services, the identity of the recipient or the actual provider under the Medical Assistance Program.

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Defendant Name	First: Kyania	Middle:	Last: Townes	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.
(Set forth a *brief* summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

☐ Lead?	Offense#	Section	Subsection	of the	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
	4	1407	A (9)	of the	62 P.S.	1	F3	2699	110

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
Medicaid Fraud - Services Not Rendered By Provider

Acts of the accused associated with this Offense:
One continuous count of knowingly or intentionally submitting, or causing to be submitted, a claim to be submitted for services not rendered by the provider.

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

☐ Lead?	Offense#	Section	Subsection	of the	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
	5	3922	A (1)	of the	18 Pa.C.S.A.	1	F3	2399	110

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
Theft By Deception

Acts of the accused associated with this Offense:
One continuous count of intentionally obtaining or withholding property of another by creating or reinforcing a false impression, including false impressions as to law, value, intention or other state of mind causing the theft of Medical Assistance funds of greater than $2,000.

Inchoate Offense	☐ Attempt *18 901 A*	☐ Solicitation *18 902 A*	☐ Conspiracy *18 903*	Number of Victims Age 60 or Older ____

☐ Lead?	Offense#	Section	Subsection	of the	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code
	6	4911	A (1)	of the	18 Pa.C.S.A	3	F3	2699	110

PennDOT Data (if applicable)	Accident Number		☐ Interstate	☐ Safety Zone	☐ Work Zone

Statute Description (include the name of statute or ordinance):
Tampering with Public Records of Information

Acts of the accused associated with this Offense:
Three continuous counts of knowingly causing a false entry to be made in, or false alteration of, a record, document, or thing belonging to, or received or kept by, the government for information of record, or required by law to be kept by others for information of the government, with intent it to be taken as genuine.

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Defendant Name	First: Kyania	Middle:	Last: Townes	

AFFIDAVIT of PROBABLE CAUSE

Your Affiant, Samantha Safadi, Badge# 982, is a sworn Special Agent with the Pennsylvania Office of Attorney General (PA OAG), Bureau of Criminal Investigations, Medicaid Fraud Control Section, located at 1000 Madison Avenue, Suite 310, Norristown, PA 19403. Your Affiant has been assigned to the Medicaid Fraud Control Section of the PA OAG since September of 2024. The Medicaid Fraud Control Section is vested with specific authority to investigate and prosecute Medicaid fraud and neglect of care-dependent person(s) throughout the Commonwealth. Your Affiant received a Master of Science in Criminal Justice, graduated from the Pennsylvania State Criminal Investigator Training Academy in December 2021 and was previously employed with the Pennsylvania Office of State Inspector General for four years. Based upon your Affiant's law enforcement experience and training, your Affiant is familiar with the way various crimes are committed in the Commonwealth relating to Medicaid Fraud, white collar crimes and theft. Based upon the foregoing training and experience, your Affiant has special expertise regarding the practices and techniques used by these offenders.

Your Affiant was assigned to investigate allegations of services not rendered involving Personal Care Attendant (PCA) Kyania TOWNES (TOWNES). TOWNES was employed with Blessings4Ever Home Care Agency (Blessings4Ever) as a PCA for Medical Assistance (MA) recipient "SB." SB was approved to receive Personal Assistance Service (PAS) hours through the Pennsylvania Department of Human Services' Community Health Choices (CHC) Waiver. The CHC Waiver allows MA recipients to remain in the community rather than being admitted into a Long-Term Care Facility. One of the services available through the CHC Waiver is a PCA who assists with activities of daily living using those allotted PAS hours. Between October 1, 2020, and July 18, 2024, Blessings4Ever was the agency tasked with overseeing SB's PAS hours. Blessings4Ever is located at 30 South 15th Street, Philadelphia, PA 19102.

The CHC Waiver requires MA recipients to select a Managed Care Organization (MCO) to administer their benefits. PCA's submit timekeeping records to the agency where they are employed, noting the services they provided. Based on those records, the agency then submits claims to the MCO and the MCO disburses payment to the agency utilizing MA funds. The agency then pays the PCA with those funds. SB initially chose AmeriHealth Caritas as their MCO and then switched to PA Health and Wellness (PAHW).

Your Affiant obtained records from Blessings4Ever, which included the personnel file for TOWNES and shift data submitted by TOWNES in the form of Electronic Visit Verification (EVV) entries. EVV is electronically collected time submissions made by PCAs to digitally record and submit the hours of services provided. A review of these records revealed TOWNES purported to provide PAS hours daily to SB between October 1, 2020, and July 18, 2024 (end of record production).

Your Affiant also learned TOWNES held additional employment with Children's Hospital of Philadelphia (CHOP) and Thomas Jefferson Health Systems (Jefferson) during this period. Your Affiant obtained and reviewed records from both entities and found TOWNES was employed as an Office Coordinator I at CHOP from December of 2018 until June 2022 and as an Administrative Coordinator II at Jefferson beginning in October 2022 up until March 2024.

An overlap analysis was conducted between the shifts submitted by TOWNES to Blessings4Ever and the shifts she was physically at CHOP or Jefferson. The analysis found at least 5,134 of the PAS hours TOWNES submitted to Blessings4Ever between January 4, 2021, and March 29, 2024, overlapped her shifts with CHOP or

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AFFIDAVIT of PROBABLE CAUSE

Jefferson. TOWNES' fraudulent time submissions caused AmeriHealth Caritas and PAHW to expend at least $108,344.26 for services that could not have been rendered.

In addition to her employment with Blessings4Ever, CHOP and Jefferson, TOWNES also held employment with Help at Home – located at 400 Horsham Road, Horsham, PA 19044 – as a PCA beginning December 2020 and purported to provide PAS hours almost daily to a second MA recipient, "CF". An overlap analysis was conducted between Help at Home, CHOP and Jefferson, and revealed at least 3,386 PAS hours TOWNES purported to work between January 1, 2021, through November 16, 2023, overlapped with her shifts from CHOP or Jefferson. TOWNES' fraudulent time submissions caused AmeriHealth Caritas to expend at least $70,374.10 for services that could not have been rendered.

TOWNES' personnel file revealed a direct deposit form indicating her wages be deposited to a Philadelphia Police and Fire Federal Credit Union account. Your Affiant executed a search warrant for TOWNES' account, which confirmed TOWNES was compensated for the PAS hours she submitted to Blessings4Ever and Help at Home. The account additionally revealed TOWNES was sending payments to both MA recipients via Cash App, totaling approximately $76,636.44. Based on your Affiant's training and experience, your Affiant is aware the movement of wages from PCAs to MA recipients is often indicative of services not rendered, as a PCA who is working all purported hours would want to keep their wages and a MA recipient who is not receiving all of their hours would generally report this if not compensated otherwise.

In total, TOWNES submitted time entries to Blessings4Ever for approximately 5,134 hours between January 4, 2021, and March 29, 2024, and 3,386 hours to Help at Home during the period of January 1, 2021, through November 16, 2023, for services she could not have rendered as submitted as TOWNES was physically at another employment.

I, Samantha Safadi, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE *CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA* THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

SM Safadi
(Signature of Affiant)

Sworn to me and subscribed before me this _____ day of _____ _____

_____ Date _____, Magisterial District Judge

My commission expires first Monday of January,

SEAL