

AO 91 (Rev. 11/11) Criminal Complaint

UNITED STATES DISTRICT COURT

JUN 18 2018

for the
Central District of IllinoisCLERK OF THE COURT
U.S. DISTRICT COURT
CENTRAL DISTRICT OF ILLINOISUnited States of America
v.

Case No.

18-mj-3064

Kizzie Morris

Defendant(s)

CRIMINAL COMPLAINT

I, the complainant in this case, state that the following is true to the best of my knowledge and belief.

On or about the date(s) of April 12, 2012 - February 15, 2017 in the county of Sangamon in the
Central District of Illinois, the defendant(s) violated:

Code Section

Offense Description

18 U.S.C. § 1347

Health Care Fraud

This criminal complaint is based on these facts:

See Attached Affidavit.

☒ Continued on the attached sheet.

s/Timothy Minden

Complainant's signature

Timothy Minden, Special Agent, HHS/OIG

Printed name and title

Sworn to before me and signed in my presence.

Date:

6/18/2015

s/Tom Schanzle-Haskins

Judge's signature

City and state: Springfield, Illinois

Tom Schanzle-Haskins, U.S. Magistrate Judge

Printed name and title

AFFIDAVIT

Timothy W. Minden, being first duly sworn, states the following:

1) I am a Special Agent with the U.S. Department of Health & Human Services, Office of Inspector General (HHS/OIG). I have been so employed since April 2002. I am assigned to investigate criminal violations of federal laws, including, health care, mail, and wire fraud. I am also a participant in the "Central Illinois Health Care Fraud Task Force," which includes agents, investigators, and attorneys for HHS/OIG, the FBI, Illinois State Police Medicaid Fraud Control Bureau (ISP), the Illinois Attorney General's Office (AGO), and the U.S. Attorney's Office (USAO). The following information is based upon my investigation and investigation by other law enforcement and regulatory officials. Because I submit this document for the limited purpose of determining probable cause to support a criminal complaint, I have not included all the facts known to me concerning this investigation.

2) The evidence compiled to date shows that KIZZIE MORRIS (MORRIS) defrauded the government and committed multiple acts of health care fraud, violating Title 18, United States Code § 1347. MORRIS did so by executing a scheme to defraud the State of Illinois Medicaid Home Services Program (HSP) by falsely claiming and taking payment for personal assistant services not actually performed, as described in this affidavit.

Background

3) At all times material herein, the HSP was a "Medicaid waiver" program in the State of Illinois administered by the Illinois Department of Human Services (DHS). Medicaid Waiver programs enable states to use both state and federal Medicaid funds to pay for services related to medical care that Medicaid would not ordinarily cover.

4) The operational responsibility for the HSP, with minor exceptions, rested with the

Division of Rehabilitation Services (DORS), which is an agency within the DHS. At all times relevant, the Centers for Medicare and Medicaid Services, which is an agency within the United States Department of Health & Human Services, provided approximately half of the money funding this program.

5) Through the HSP, the State of Illinois provided funding for services to individuals with significant disabilities so that they could remain in their homes and live as independently as possible. The HSP refers to these individuals as "customers." The HSP provides such individuals with a "Personal Assistant," hereinafter referred to as "PA." Through the HSP, a qualified individual can hire one or more PAs, who are to perform or assist those with disabilities in performing common tasks such as household tasks, shopping, personal care, incidental health care tasks, and monitoring to ensure the health and safety of the customer. PAs are to be hired by and report directly to the customer or the customer's family member, but they are paid by the State of Illinois with Medicaid funds.

6) To receive payment as a PA, the PA and the customer complete and submit time sheets twice monthly. These time sheets contain the dates and number of hours worked by the PA. Both the PA and the customer are required to certify the accuracy of the time sheets. The time sheets are then submitted to DORS, and, if approved, the claims are paid through the Illinois Office of the Comptroller (the Comptroller) in Springfield, Illinois. Unless the PA has an appropriate direct deposit agreement approved by the State of Illinois, payment is made by check or "warrant" issued by the Comptroller in Springfield, Illinois, and sent by United States mail to the address listed by the PA.

Fraud Committed by Kizzie Morris

7) One of the persons eligible for assistance through the HSP was “PW”, a relative of MORRIS. On or about February 20, 2003, MORRIS applied with DORS to be the PA for “PW.” On or about May 18, 2012, MORRIS signed an “Individual Provider Payment Policies Form” and submitted it to DORS. The document lists MORRIS as the “Individual Provider” (another term used for a PA), and “PW” as the “Customer.” The document contains the following provisions:

- *Home Services Program (HSP) customers and Individual Providers are responsible for accurately completing and signing all Individual Provider time sheets. Completion of the time sheet will require both parties to sign and verify the information contained on it is correct. Fraudulently completing these documents will result in a formal investigation by the Medicaid Task Force, with possible criminal prosecution by the Illinois State Police (ISP).*
- *Individual Providers can only be paid for the hours they worked for the customer per the HSP Service Plan. Billing for hours not worked constitutes Medicaid fraud.*
- *Individual Providers cannot charge the HSP for the same hours worked when working another job....This constitutes fraud and will be prosecuted as such.*

The following statement appears above the signature block on the document:

- *I acknowledge that the above information has been reviewed and is understood.*

8) From on or about April 12, 2012 through on or about February 15, 2017, MORRIS submitted time sheets to DORS that contained false information, as follows. On approximately 392 dates during the above referenced time, MORRIS inflated the number of hours that she actually worked for “PW” by claiming that she was working for “PW” when she was in fact working at a second job at a restaurant. During this time, MORRIS reported working approximately 1,279 hours for “PW” when she was actually clocked in at her second job. DORS paid MORRIS approximately \$16,095.20 for these hours falsely reported as worked for “PW.”

9) Based on the foregoing evidence to date, there is probable cause to believe that MORRIS defrauded the United States, and committed multiple acts of Health Care Fraud, violating Title 18, United States Code, § 1347, by defrauding the State of Illinois Medicaid

Home Services Program by falsely claiming and taking payments for PA services not actually performed.

FURTHER AFFIANT SAYETH NOT.


Respectfully submitted,

s/Timothy Minden

Timothy W. Minden, Special Agent
HHS/OIG

Subscribed and sworn to before me

this 18th day of June, 2018

s/Tom Schanzle-Haskins

TOM SCHANZLE-HASKINS
UNITED STATES MAGISTRATE JUDGE