

**INTAKE****JUN 20 2018**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**18CR 374**

UNITED STATES OF AMERICA )

vs. )

CHANTE CARROTHERS, )  
ELLA GARNER )

No. )

**JUDGE BUCKLO****MAGISTRATE JUDGE COLE**Violations: Title 18, United States Code,  
Sections 2, 1035, 1347, 1349**FILED****JUN 19 2018****THOMAS G. BRUTON**  
**CLERK, U.S. DISTRICT COURT****COUNT ONE**

The SPECIAL JUNE 2018 GRAND JURY charges:

**RECEIVED****JUN 19 2018****MICHAEL T. MASON**  
**UNITED STATES MAGISTRATE JUDGE**  
**UNITED STATES DISTRICT COURT**

1. At times material to this Indictment:

**U.S. Department of Labor Office of Workers' Compensation**

a. The United States Department of Labor ("DOL"), Office of Workers' Compensation Programs ("OWCP"), administered benefits payable under the Federal Employees' Compensation Act ("FECA"), 5, United States Code, § 8101 *et seq.*, which provided medical payments and compensation benefits to federal employees who sustained on the job injuries.

b. Employees of the United States Postal Service ("USPS") who became disabled due to occupational injuries which they sustained in the performance of their job duties could become qualified for OWCP benefits.

c. Health care programs administered by OWCP were "health care benefit programs," as defined by Title 18, United States Code, Section 24(b).

d. Under applicable DOL regulations, an injured covered employee was entitled to receive all medical services, appliances or supplies which a qualified physician prescribed or recommended, and which OWCP considered necessary to treat the work-related injury. This included the services of an attendant or home aide.

e. Medical providers who provided services to OWCP claimants were required to enroll with OWCP. If an OWCP enrolled medical provider intended to bill for a procedure where prior authorization was required, the provider must have requested such prior authorization from OWCP.

f. OWCP also required medical provided to submit claims for payment for services actually rendered, which could not exceed the volume or amount previously authorized.

g. OWCP imposed restrictions on enrolled medical providers to ensure that they billed only for legitimate claims. DOL regulations stated by submitting a bill and/or accepting payment, the provider signified that the service for which reimbursement is sought was performed as described, necessary, appropriate, and properly billed in accordance with accepted industry standards. Services must have been determined to be medically necessary and were provided by a home health aide, licensed practical nurse, or similarly trained individual and must have been actually rendered.

h. Claims for services were identified by a specific Current Procedural Terminology or Healthcare Common Procedure Coding System ("HCPCS") codes to describe the services rendered.

i. Numerous HCPCS codes represented different types of care for assistance provided to an individual in the home. S9122 was the HCPCS code for "home health aide or

certified nurse assistant, providing care in the home, per hour.”

**The Medicaid Program**

j. Medicaid was a federal health care benefit program under Title 18, United States Code, Section 24(b).

k. Medicaid provided health care services to qualifying individuals, who were typically low-income or who otherwise qualified because of their personal circumstances, such as low-income expectant mothers. Individuals with an income over the threshold qualifying amounts could not receive health care benefits through Medicaid.

l. Medicaid was paid for partially with federal funds, and partially with funds from the beneficiary’s or enrollee’s state, here, Illinois.

m. To enroll as a beneficiary in Illinois Health Care & Family Services, Medicaid Program (“Illinois Medicaid”), individuals were required to submit applications which described their qualifications for the program. This required truthful and complete representations about the applicant’s assets, income, and other earnings.

n. In an application to become an Illinois Medicaid beneficiary, applicants were required to certify, among other things, that they “understand that if you have given false information or intentionally failed to disclose information, you may be subject to civil prosecution, criminal prosecution or both.” Applicants could sign the form electronically and “declare[d] under penalties of perjury that my answers are correct and complete to the best of my knowledge and belief.”

**The Defendants, Related Companies, and Individuals**

o. Defendant CHANTE CARROTHERS, a resident of Lynwood, Illinois, was the sole owner of CARING HEARTS HOME HEALTHCARE LLC (“CARING HEARTS”) since in or around 2010.

p. Defendant ELLA GARNER, a resident of Chicago, Illinois, was paid by CARROTHERS and CARING HEARTS between in or around 2010 and in or around 2018 as a purported employee of CARING HEARTS. GARNER applied for Illinois Medicaid benefits in 2014 and 2016.

q. PATIENT A, a resident of Chicago, Illinois, was enrolled for services with CARING HEARTS between 2010 and 2018.

r. DOCTOR A was an orthopedic surgeon who treated PATIENT A between 2010 and 2018.

2. From in or around June 2010 and continuing through in or around February 2018, at Cook County, in the Northern District of Illinois, and elsewhere,

CHANTE CARROTHERS and  
ELLA GARNER,

defendants herein, did conspire with each other as well as others known and unknown to the Grand Jury to knowingly and willfully execute a scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, OWCP, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program, in connection with the delivery of and payment for health



care benefit, items, and services, in violation of Title 18, United States Code, Section 1347.

**Purpose of the Conspiracy**

3. It was purpose of the conspiracy for CARROTHERS, GARNER, and their co-conspirators, known and unknown, to unlawfully enrich themselves by, among other things: (a) submitting and causing the submission of false and fraudulent claims to OWCP for home aide services which were medically unnecessary and never provided; (b) concealing and causing to be concealed the submission of false and fraudulent claims to OWCP; and (c) diverting the proceeds of the fraud scheme for their personal use and benefit.

**Manner and Means**

4. It was part of the conspiracy that on or about July 2, 2010, CARROTHERS enrolled CARING HEARTS with OWCP as a home health care provider.

5. It was further part of the conspiracy that CARROTHERS and GARNER agreed to portray GARNER as Patient A's licensed home aide and to rely on that information to falsely represent to OWCP that GARNER was providing Patient A with 24-hour a day, 7 day a week care in Patient A's home, knowing that information to be false.

6. It was further part of the conspiracy that GARNER accompanied Patient A to Doctor A's offices and, falsely and fraudulently obtained doctors notes regarding Patient A's need for home aide care.

7. It was further part of the conspiracy that CARROTHERS submitted and caused to be submitted OWCP forms requesting authorization for CARING HEARTS to provide 24-hour a day, 7 day a week in-home home aide care to Patient A, together with the doctors' notes obtained by GARNER, when CARROTHERS knew that 24-hour a day, 7 day a week care

was not medically necessary, not medically authorized or prescribed, and would not be provided as described in the authorization form.

8. It was further part of the conspiracy that CARROTHERS submitted and caused to be submitted OWCP, claim forms requesting payment for services purportedly rendered by GARNER to Patient A in a prior month on a 24-hour a day, 7 day a week basis, when CARROTHERS knew that such care was not medically necessary, not medically authorized or prescribed, and was not provided as described in the claim forms.

9. It was further part of the conspiracy that CARROTHERS and GARNER, and others, responded to an inquiry from OWCP about Patient A's need for care, falsely representing Patient A's conditions and overall health, knowing the statements were untrue.

10. It was further part of the conspiracy that, CARROTHERS paid GARNER approximately \$4500 a month using checks, cashier's checks, cash, or other forms of payment.

11. It was further part of the conspiracy that CARROTHERS, GARNER, and others, known and unknown, submitted and caused to be submitted false and fraudulent claims to OWCP for home health care services that were not medically necessary, not medically authorized or prescribed, and was not provided as described in the claims.

12. It was further part of the conspiracy that CARROTHERS and GARNER, and others, misrepresented, concealed, hid, and caused to be misrepresented, concealed, and hidden, the purpose of the conspiracy and acts done in furtherance of the conspiracy.

13. It was further part of the conspiracy that CARROTHERS and GARNER, and others, caused OWCP to pay at least approximately \$1,735,644 in false and fraudulent claims to CARING HEARTS for home health care services.

All in violation of Title 18, United States Code, Section 1349.

**COUNTS TWO through SEVEN**

The SPECIAL JUNE 2018 GRAND JURY further charges:

1. The allegations of Paragraph 1 of Count One of this Indictment are incorporated herein by reference as if fully restated.
2. On or about June 2010 through on or about February 2018, in the Northern District of Illinois, Eastern Division, and elsewhere,

CHANTE CARROTHERS, and  
ELLA GARNER

defendants herein, and others known and unknown, devised, intended to devise, and participated in a scheme to defraud and to obtain money from federal health care benefit programs by means of materially false and fraudulent pretenses, representations, and promises, which scheme is further described below.

**Purpose of the Scheme and Artifice**

3. It was the purpose of the scheme and artifice for CARROTHERS, GARNER, and others known and unknown, to unlawfully enrich themselves through the submission of false and fraudulent OWCP claims for home health care services that were not medically necessary, not medically authorized or prescribed, and not provided as described in the claims.

**The Scheme and Artifice**

4. The allegations contained in paragraphs 4 through 13 of the Manner and Means section of Count One of this Indictment are realleged and incorporated by reference as though fully set forth herein.

**Acts in Execution of the Scheme and Artifice**

5. On or about the dates set forth as to each count below, in the Northern



District of Illinois, and elsewhere, defendants knowingly, willfully, and with the intent to defraud, executed, and attempted to execute, the above described scheme and artifice to defraud a health care benefit program affecting commerce, as defined in Title 18, United States Code, Section 24(b), that is, OWCP, and its agents, and obtained by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program:

<b>Count</b>	<b>Approximate Claim Submission Date</b>	<b>Purported Dates of Care</b>
<b>2</b>	2/10/14	1/1/14-1/31/14
<b>3</b>	9/8/14	8/1/14-8/31/14
<b>4</b>	1/6/15	12/1/14-12/31/14
<b>5</b>	4/24/15	3/1/15-3/31/15
<b>6</b>	7/6/16	6/1/16-6/30/16
<b>7</b>	3/7/17	2/1/17-2/28/17

All in violation of Title 18, United States Code, Sections 1347 and 2.

**COUNT EIGHT**

The SPECIAL JUNE 2018 GRAND JURY further charges:

6. The allegations of Paragraph 1 of Count One of this Indictment are realleged and incorporated herein by reference as if fully restated.

7. On or about the date enumerated below, in the Northern District of Illinois, Eastern Division, and elsewhere,

CHANTE CARROTHERS,

defendant herein, did knowingly and willfully make and cause to be made a materially false, fictitious, and fraudulent statement and representation, and make and cause to be made a materially false writing and document, knowing the same to contain any materially false, fictitious, and fraudulent statement and entry, in a matter involving a health care benefit program in connection with the payment for health care benefits and services, namely, submission of a claim to OWCP on or around December 10, 2014 for home health care services purportedly rendered to Patient A between on or around November 1, 2014 and on or around November 30, 2014, for 24-hours a day, 7 days a week, when in truth, CARROTHERS knew that the type and extent of the care claimed was not medically necessary, had not been prescribed, and had not been provided as described in the claim.

In violation of Title 18 United States Code, Sections 1035(a)(2) and 2.

**COUNT NINE**

The SPECIAL JUNE 2018 GRAND JURY further charges:

8. The allegations of Paragraph 1 of Count One of this Indictment are realleged and incorporated herein by reference as if fully restated.

9. On or about the date enumerated below, in the Northern District of Illinois, Eastern Division, and elsewhere,

CHANTE CARROTHERS,

defendant herein, did knowingly and willfully make and cause to be made a materially false, fictitious, and fraudulent statement and representation, and make and cause to be made a materially false writing and document, knowing the same to contain any materially false, fictitious, and fraudulent statement and entry, in a matter involving a health care benefit program in connection with the payment for health care benefits and services, namely, submission of a claim to OWCP on or around August 5, 2016, for home health care services purportedly rendered to Patient A between on or around July 1, 2016 and on or around July 31, 2016, for 24-hours a day, 7 days a week, when in truth, CARROTHERS knew that the type and extent of the care claimed was not medically necessary, and had not been provided as described in the claim.

In violation of Title 18 United States Code, Sections 1035(a)(2) and 2.

**COUNT TEN**

The SPECIAL JUNE 2018 GRAND JURY further charges:

10. The allegations of Paragraph 1 of Count One of this Indictment are realleged and incorporated herein by reference as if fully restated.

11. On or about May 13, 2016, in the Northern District of Illinois, Eastern Division, and elsewhere,

ELLA GARNER,

defendant herein, did knowingly and willfully make and cause to be made a materially false, fictitious, and fraudulent statement and representation, and make and cause to be made a materially false writing and document, knowing the same to contain any materially false, fictitious, and fraudulent statement and entry, in a matter involving a health care benefit program in connection with the payment for health care benefits and services, namely, statements in her application for benefits from Illinois Medicaid claiming that she did not have a job, was not self-employed, and did not have any income at the time of the application, when in fact, GARNER at that time had been receiving and continued to receive monthly income from CARROTHERS and CARING HEARTS of approximately \$4500.

In violation of Title 18 United States Code, Sections 1035(a)(2) and 2.

**FORFEITURE ALLEGATIONS**

The SPECIAL JUNE 2018 GRAND JURY further alleges:

1. All of the allegations contained in Counts One through Ten are hereby realleged and incorporated by reference for the purpose of alleging forfeitures pursuant to the provisions of Title 18, United States Code, Section 982.

2. Upon conviction of a violation of Title 18, United States Code, Sections 1035, 1343, 1347 and 1349, as alleged in the foregoing Indictment, the defendants shall forfeit to the United States of America, pursuant to Title 18, United States Code Section 982(a)(7) and (a)(8), any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, and pursuant to Title 18, United States Code, Section 982, and Title 28, United States Code, Section 2461(c) all property, real or personal, which constitutes or is derived from proceeds traceable to a violation of section 1035, 1343, 1347, 1349.

12. The property to be forfeited includes, but is not limited to the following:

- a. A forfeiture money judgment of at least approximately \$1,472,000 for defendant Chante Carrothers;
- b. A forfeiture money judgment of at least approximately \$265,000 for defendant Ella Garner.

13. If any of the property described above, as a result of any act or omission of the defendant:

- i. cannot be located upon the exercise of due diligence;
- ii. has been transferred or sold to, or deposited with, a third party;



- iii. has been placed beyond the jurisdiction of the Court;
- iv. has been substantially diminished in value; or
- v. has been commingled with other property that cannot be subdivided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), to seek to forfeit any other property of the defendants up to the value of the forfeitable property described above.

All pursuant to Title 18, United States Code, Section 982(a)(7) and (a)(8).

A TRUE BILL:

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FOREPERSON

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UNITED STATES DEPARTMENT OF JUSTICE  
CRIMINAL DIVISION, FRAUD SECTION  
ACTING CHIEF

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UNITED STATES DEPARTMENT OF JUSTICE  
CRIMINAL DIVISION, FRAUD SECTION  
CHIEF – HEALTH CARE UNIT