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U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

v.

AMIR AHMED,
GEORGE EPPS,
NORMA LAUER,
ABDULAZIS "AZIS" WARSAME,
YASIN WARSAME, and
LIFELINE HOME HEALTH SERVICES,
LLC.

Defendants.

I N D I C T M E N T

JUDGE

1 : 15 CR 223

CASE NO. _____

Title 18, Sections 2, 1035,
1347, 1349, and 1957 United
States Code

JUDGE PEARSON

COUNT 1

(Conspiracy to Commit Health Care Fraud – 18 U.S.C. § 1349)

The Grand Jury charges:

General Allegations

At all times material herein:

1. Defendant ABDULAZIS "AZIS" WARSAME (A.WARSAME) was one of the owners and officers of Lifeline Home Health Services, LLC. (LIFELINE). A.WARSAME resided in Gahanna, and Cleveland, Ohio.

2. Defendant YASIN WARSAME (Y.WARSAME) was the owner of DAMAL HOME CARE SERVICES, INC. (DAMAL), a home health care company located in Columbus, Ohio. Y.WARSAME participated in LIFELINE's certification process. Y.WARSAME was on LIFELINE's payroll. Y.WARSAME resided in Columbus, Ohio.

3. Defendant AMIR AHMED (AHMED) was the director of operations and manager of home health aides at DAMAL. AHMED participated in LIFELINE's certification process. AHMED was on LIFELINE's payroll. AHMED resided in Columbus, Ohio.

4. Defendant GEORGE EPPS (EPPS) was the office manager at LIFELINE. EPPS resided in Cleveland, Ohio.

5. Defendant NORMA LAUER (LAUER) was a Registered Nurse (RN) who assisted LIFELINE. LAUER resided in Columbus, Ohio.

LIFELINE

6. Defendant LIFELINE was a corporation organized and existing under the laws of the State of Ohio that provided home health services, including nursing, homemaker, and personal care services to elderly and disabled clients in their homes.

7. A.WARSAME incorporated LIFELINE in or around February 2006.

8. At various times, LIFELINE operated out of various suites on the fourth floor at 12200 Fairhill Road, Cleveland, Ohio, 44120, located within the Northern District of Ohio, Eastern Division.

The Medicaid Program

9. Title XIX of the Social Security Act, 42 U.S.C. §§ 1396, et seq., established the Grants to States for Medical Assistance Programs, popularly known as the Medicaid Program, or simply, "Medicaid" which was designed to provide medical services, equipment, and supplies to certain individuals and families with low income. Medicaid was a federal and state funded health

insurance program administered by the various states. The United States Department of Health and Human Services (HHS) funded approximately 60 percent of Ohio's Medicaid program. The State of Ohio initially administered its Medicaid Program, (sometimes referred to as the "medical assistance program," or the "Ohio Medicaid Program") through the Ohio Department of Jobs and Family Services (ODJFS), and then through the Ohio Department of Medicaid (ODM). A "Medicaid managed care organization" was a managed care organization that entered into a contract with ODJFS/ODM.

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

11. In order to be reimbursed by Medicaid for home health services including skilled nursing, physical therapy and occupational therapy, a provider Home Health Agency (HHA) rendering a service to Medicaid recipients was required to be certified by CMS, a division of HHS, and enter into a "provider agreement" with ODJFS/ODM in which the provider agreed to comply with all applicable state and federal statutes, regulations and guidelines.

12. Medicaid paid for home health care under a Fee for Service (FFS) system, which was a traditional billing and reimbursement method in which providers charged for each medical service or unit provided to a patient. Therefore, a provider could not be reimbursed for services that were not provided.

13. "Home health services" provided by an HHA included, under Medicaid, skilled nursing, home health aide, and skilled therapies such as physical and occupational therapy. Medicaid required home health services to be provided: within the nurse's or home health aide's scope of practice, in accordance with the consumer's plan of care, in a face-to-face encounter, when medically necessary, and in accordance with Federal and State laws rules and regulations, including anti-kickback laws.

14. Medicaid required providers of such services to create and maintain documents supporting the claims they submitted, including patient medical records, assessment and treatment records, timesheets, nursing notes, including the Home Health Certification and the CMS Form 485 (also known as the Plan of Care) for each consumer.

15. Medicaid required the patient's physician to develop the Plan of Care and certify, every 60 days, the necessity of the medical services provided by the HHA. As a basis of the physician's certification, an RN was required to complete a face-to-face encounter with the patient. The RN was obligated to prepare an evaluation on CMS Form 485, which had to be signed by the RN and the physician and certified the need for home health care and any continuing care.

Medicare Certification & Accreditation

16. Medicare required an HHA to become accredited by an approved accreditor before it became a Medicare provider. Accreditation was a process of review that HHAs participated in to demonstrate the ability to meet predetermined criteria and standards. Accreditation companies conducted on-site surveys.

17. Medicare Certified Home Health Agencies (MCRHHAs) were required to be certified for Medicare participation by the Ohio Department of Health (ODH), and be compliant with the CMS Conditions of Participation (CoPs) in accordance with Title 42 C.F.R. § 484 – Home Health Services. CMS developed CoPs that health care organizations were required to meet in order to begin and continue participating in the Medicare and Medicaid programs. The CoPs were health and safety standards that improved quality and protected the health and safety of beneficiaries. A state agency, such as ODH, on behalf of CMS, conducted surveys to determine Medicare certification and compliance; however, if a national accrediting organization had and enforced standards that met or exceeded Medicare's CoPs, CMS could grant the accrediting

organization “deeming” authority. Health care organizations that achieved accreditation through a “deemed” status survey were determined to meet Medicare and Medicaid requirements.

Accreditation was voluntary and seeking deemed status through accreditation was an option, not a requirement. However, in order to obtain reimbursement from Medicaid for skilled nursing and therapy, the provider had to be an MCRHHA.

18. Accreditation organizations approved by CMS included, but were not limited to, the following: the Joint Commission (JCO), the Accreditation Commission for Health Care (ACHC), and the Community Health Accreditation Program (CHAP).

19. In or around September 2009, A.WARSAME submitted an application on behalf of LIFELINE to ACHC to become Medicare certified.

20. On or about April 13 and 14, 2010, ACHC performed unannounced site surveys. During these surveys, ACHC conducted an extensive on-site review including examining written materials submitted by LIFELINE, meeting with the owners and employees, observing patient visits, and analyzing data collected during the survey.

21. Due to a number of deficiencies, ACHC denied LIFELINE’s request for accreditation.

22. In or around May 2010, A.WARSAME submitted a second application on behalf of LIFELINE to ACHC to become Medicare certified.

23. On or about September 14 and 15, 2010, ACHC performed site surveys. During these surveys, ACHC conducted an extensive on-site review including examining written materials submitted by LIFELINE, meeting with the owners and employees, observing patient visits, and analyzing data collected during the survey.

24. On or about September 24, 2010, ACHC again denied LIFELINE’s request for accreditation.

25. On or about September 29, 2010, A.WARSAME submitted an application on behalf of LIFELINE to JCO to become Medicare certified.

26. As part of the application process, A.WARSAME signed a contract with JCO on behalf of LIFELINE as the “Organization.” A.WARSAME certified that “The Organization agrees to engage in good faith and frank participation in the accreditation process and never provide any falsified information or fail to provide relevant information that may be used by the Joint Commission to determine the Organization’s compliance with Joint Commission requirements.”

27. When they applied for accreditation, HHAs received a copy of JCO’s Home Care Manual (The Manual). The Manual’s Information Accuracy and Truthfulness Policy required, “An organization must never provide the Joint Commission with falsified information relevant to the accreditation process. The Joint Commission construes an effort to do so as a violation of the organization’s obligation to engage in the accreditation process in good faith The Joint Commission takes action to deny accreditation to an organization whenever the Joint Commission is reasonably persuaded that the organization provided falsified information.”

28. As part of the contract with JCO, LIFELINE agreed to participate in site surveys and to be subject to additional periodic compliance surveys.

29. On or about April 20, 2011, through on or about April 22, 2011, JCO conducted an unannounced site survey at LIFELINE. During this survey, JCO detected numerous deficiencies. JCO gave LIFELINE an opportunity to correct the deficiencies.

30. On or about June 9, 2011, JCO acknowledged LIFELINE had submitted acceptable evidence of standards of compliance and had corrected the deficiencies. As a result, JCO recommended LIFELINE for Medicare certification effective June 7, 2011.

31. On or about July 8, 2011, CMS approved LIFELINE as an MCRHAA based on accreditation by JCO.

32. On or about April 26, 2012, ODJFS/ODM approved LIFELINE as an MCRHHA Medicaid provider.

33. On or about April 20, 2012, A.WARSAME sent an email to JCO indicating LIFELINE wanted to transfer their accreditation to the State of Ohio and discontinue the contract with JCO. In addition, A.WARSAME stated that he had notified ODH.

34. On or about May 1, 2012, JCO terminated LIFELINE's accreditation.

35. A.WARSAME failed to obtain accreditation for LIFELINE after the JCO termination.

36. LIFELINE continued to bill ODJFS/ODM for services that could only be provided by an MCRHAA.

37. On or about October 28, 2013, ODJFS/ODM sent LIFELINE a Notice of Suspension of Payments suspending Medicaid payments. On or about November 20, 2013, ODJFS/ODM terminated the provider agreement with LIFELINE.

The Violation

38. From in or around September 2009, to on or about October 24, 2013, in the Northern District of Ohio, Eastern Division, Defendants AMIR AHMED (AHMED), NORMA LAUER (LAUER), ABDULAZIS "AZIS" WARSAME (A.WARSAME), YASIN WARSAME (Y.WARSAME), LIFELINE, and others known and unknown to the Grand Jury, did knowingly and voluntarily combine, and agree between themselves, and with other persons known and unknown to the Grand Jury to commit the offense of health care fraud, that is to knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program, that is, Medicare and Medicaid, and to obtain, by means of false and fraudulent

pretenses, representations and promises, any of the money and property owned by, and under the custody and control of a health care benefit program, that is Medicaid, in connection with the delivery of and payment for health care benefits and services in violation of Title 18, United States Code, Section 1347.

Objects of the Conspiracy

39. The objects of the conspiracy were to provide false information in order to become an MCRHHA and in order to obtain health care benefit program reimbursements, and thus enrich themselves.

Manner and Means

It was part of the conspiracy that:

40. AHMED, LAUER, A.WARSAME, Y.WARSAME, and LIFELINE submitted false documentation and made false representations to ACHC and JCO in order to become an MCRHAA.

41. AHMED, LAUER, A.WARSAME, Y.WARSAME, and LIFELINE prepared, and caused to be prepared, false Plans of Care (485s) to surveyors by forging and using forged signatures on such 485s to make it appear that a doctor had approved the Plan of Care.

42. LAUER, as an RN, signed off on fraudulent 485s, which purported to validate the medical necessity of home health services and outlined a plan of care for Medicaid recipients.

43. A.WARSAME, and LIFELINE, submitted to surveyors the fraudulent 485s signed by LAUER.

44. AHMED and Y.WARSAME instructed employees to fabricate the 485s by falsifying the recertification period dates.

45. AHMED and Y.WARSAME instructed employees to fabricate home health visit sheets by copying and pasting nursing notes for patients to make it appear more visits were conducted than had actually taken place.

46. AHMED and Y.WARSAME recruited their DAMAL patients from Columbus, Ohio, to participate in the LIFELINE surveys in Cleveland, Ohio.

47. A.WARSAME instructed an employee to drive DAMAL patients from Columbus, Ohio, to Cleveland, Ohio, on two occasions, and to make it appear as though those patients resided in Cleveland, Ohio, for purposes of the survey.

48. AHMED, A.WARSAME, and Y.WARSAME coached patients on what to say to the surveyors, including to speak only in Somali and to indicate they were sick.

49. On the documentation submitted to surveyors, LIFELINE represented that several Medicaid recipients resided at 13654 Fairhill Road, in Cleveland, Ohio, which was the same apartment Y.WARSAME rented at that time.

50. AHMED and Y.WARSAME instructed employees to fabricate nursing visit sheets to make it appear the visits took place in Cleveland, Ohio.

51. AHMED, Y.WARSAME and LIFELINE provided false documentation to surveyors, including nursing visit notes and 485s, in order to make it appear more visits were conducted than had actually taken place.

52. After becoming an MCRHAA, A.WARSAME and LIFELINE submitted billings to ODJFS/ODM for home health care services only reimbursable if LIFELINE was a MCRHAA. ODJFS/ODM approved and paid these claims.

53. A.WARSAME and LIFELINE submitted billings to ODJFS/ODM as an MCRHAA even after JCO terminated its accreditation.

54. From on or about October 24, 2011, to on or about October 24, 2013, LIFELINE billed ODJFS/ODM over 3 million dollars. From on or about May 1, 2012, to on or about October 24, 2013, after JCO terminated its accreditation, LIFELINE billed ODJFS/ODM over 1.7 million dollars.

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

COUNT 2

(Health Care Fraud - 18 U.S.C. §§ 1347 and 2)

The Grand Jury further charges:

55. The Grand Jury herewith incorporates the general allegations and the factual allegations of paragraphs 1 through 37, and paragraphs 40 through 54 of Count 1 of this Indictment.

56. From in or around September 2009 to on or about October 24, 2013, in the Northern District of Ohio, Eastern Division, Defendants AMIR AHMED (AHMED), NORMA LAUER (LAUER), ABDULAZIS "AZIS" WARSAME (A.WARSAME), YASIN WARSAME (Y.WARSAME), and LIFELINE knowingly and willfully executed, and attempted to execute, a scheme to defraud a health care benefit program, that is, the Ohio Medicaid program, and to obtain by false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of Medicaid, by causing false and fraudulent claims to be submitted to Medicaid, in connection with the delivery of and payment for health care benefits, items and services.

57. It was part of the scheme to defraud that AHMED, LAUER, A.WARSAME, Y.WARSAME and LIFELINE submitted falsified addresses, nursing visits and Plans of Care to surveyors in order to become an MCRHHA.

58. It was a further part of the scheme to defraud that AHMED, LAUER, A.WARSAME, Y.WARSAME and LIFELINE, submitted, and caused to be submitted, claims to Medicaid for home health services that would not be reimbursable if LIFELINE had not been properly certified as an MCRHHA.

59. It was a further part of the scheme to defraud that AHMED, LAUER, A.WARSAME, Y.WARSAME and LIFELINE caused ODJFS/ODM to approve and pay over 3 million dollars by causing false and fraudulent claims to be submitted to Medicaid in connection with the delivery of and payment for health care benefits, items and services.

60. It was a further part of the scheme to defraud that AHMED, LAUER, A.WARSAME, Y.WARSAME and LIFELINE caused ODJFS/ODM to approve and pay over 1.7 million dollars after JCO accreditation was terminated by causing false and fraudulent claims to be submitted to Medicaid 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.

COUNT 3

(False Statement Relating to Health Care Matters – 18 U.S.C. §§ 1035 and 2)

The Grand Jury further charges:

61. The Grand Jury herewith incorporates the general allegations and the factual allegations of paragraphs 1 through 37, and paragraphs 40 through 54 of Count 1 of this Indictment.

62. From on or about April 20, 2011, through on or about April 22, 2011, in the Northern District of Ohio, Eastern Division, Defendants AMIR AHMED (AHMED), ABDULAZIS “AZIS” WARSAME (A.WARSAME), YASIN WARSAME (Y.WARSAME), and LIFELINE, in a matter involving a health care benefit program, did knowingly and willfully make

a materially false, fictitious, and fraudulent statement and representation, and make and use any materially false writing and document knowing the same to contain any materially false, fictitious and fraudulent statement and entry, in connection with the delivery of and payment for health care benefits, items and services; that is, AHMED, A.WARSAME, Y.WARSAME and LIFELINE provided and caused to be provided Plans of Care (485s) to a JCO surveyor during an on-site survey of LIFELINE containing forged doctors' signatures and Medicaid recipient addresses which they knew to be false.

All in violation of Title 18, United States Code, Section 1035 and 2.

COUNT 4

(Conspiracy to Commit Health Care Fraud – 18 U.S.C. § 1349)

The Grand Jury further charges:

General Allegations

At all times material herein:

63. The Grand Jury herewith incorporates the general allegations and the factual allegations of paragraphs 1 through 37, and paragraphs 40 through 54 of Count 1 of this Indictment.

64. As part of the Medicaid and Medicare regulations, providers agreed to only bill for home health services that were provided in the patient's home. Therefore, a provider could not be reimbursed for home health services while a patient was hospitalized.

65. In order to assist in the costs of transportation for providers of home health services, Medicaid reimbursed providers a higher reimbursement rate for the first hour of services provided. This was called a "loaded hour."

66. As part of the Medicaid regulations, providers could not be reimbursed for splitting visits in order to receive a higher reimbursement to which the provider was not entitled. In other

words, a provider could not, for example, split a two-hour visit into two separate one-hour visits and claim two “loaded hours” in a single day.

The Violation

67. From on or about October 24, 2011, to on or about October 24, 2013, in the Northern District of Ohio, Eastern Division, Defendants AMIR AHMED (AHMED), GEORGE EPPS (EPPS), ABDULAZIS “AZIS” WARSAME (A.WARSAME), LIFELINE, and others known and unknown to the Grand Jury, did knowingly and voluntarily combine, and agree between themselves, and with other persons known and unknown to the Grand Jury to commit the offense of health care fraud, that is to knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program, that is Medicaid, and to obtain, by means of false and fraudulent pretenses, representations and promises, any of the money and property owned by, and under the custody and control of a health care benefit program, that is Medicaid, in connection with the delivery of and payment for health care benefits and services in violation of Title 18, United States Code, Section 1347.

Objects of the Conspiracy

68. The objects of the conspiracy were to (1) defraud Medicaid and Medicare; (2) obtain payments on claims to which the conspirators knew they were not entitled; and (3) enrich the conspirators.

Manner and Means

It was part of the conspiracy that:

69. AHMED, EPPS, A.WARSAME, and LIFELINE submitted, and caused to be submitted, claims to health care benefit programs for home health care services for patients they knew, and should have known, did not receive the services.

70. EPPS, A.WARSAME, and LIFELINE submitted, and caused to be submitted, claims to health care benefit programs for home health care services for patients they knew, and should have known, were hospitalized at the time the claims for home health care services were allegedly provided.

71. AHMED, EPPS, A.WARSAME and LIFELINE submitted billings for services not rendered.

72. AHMED recruited Medicaid patients by offering the patients cash kickbacks in exchange for becoming patients of LIFELINE.

73. AHMED, EPPS and A.WARSAME caused LIFELINE employees to falsely document their time by splitting their shifts on their time sheets, making it appear they worked more shifts than they actually worked.

74. AHMED, EPPS, A.WARSAME, and LIFELINE submitted claims to Medicaid for split visits in order to obtain additional reimbursement for the “loaded hour.”

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

COUNT 5

(Health Care Fraud - 18 U.S.C. §§ 1347 and 2)

The Grand Jury further charges:

75. The Grand Jury herewith incorporates the general allegations and the factual allegations of paragraphs 1 through 37, and paragraphs 40 through 54 of Count 1 of this Indictment, and paragraphs 69 through 74 of Count 4 of this Indictment.

76. From on or about October 24, 2011, to on or about October 24, 2013, in the Northern District of Ohio, Eastern Division, Defendants GEORGE EPPS (EPPS), ABDULAZIS “AZIS” WARSAME (A.WARSAME), and LIFELINE, knowingly and willfully executed, and attempted to execute, a scheme to defraud a health care benefit program, that is, Medicaid, and to

obtain by false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of a health care benefit program, Medicaid, by causing false and fraudulent claims to be submitted to Medicaid in connection with the delivery of and payment for health care benefits, items and services.

77. It was part of the scheme to defraud that EPPS, A.WARSAME, and LIFELINE, submitted, and caused to be submitted, claims to health care benefit programs for home health care services for patients they knew, and should have known were not provided.

78. It was a further part of the scheme to defraud that EPPS, A.WARSAME, and LIFELINE, submitted, and caused to be submitted, claims to health care benefit programs for home health care services for patients they knew, and should have known, were hospitalized at the time the claims for home health care services were allegedly provided.

79. It was a further part of the scheme to defraud that EPPS, A.WARSAME, and LIFELINE, caused ODJFS/ODM to approve and pay claims that they otherwise would not have paid by causing false and fraudulent claims to be submitted to Medicaid 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.

COUNT 6

(Health Care Fraud - 18 U.S.C. §§ 1347 and 2)

The Grand Jury further charges:

80. The Grand Jury herewith incorporates the general allegations and the factual allegations of paragraphs 1 through 37, and paragraphs 40 through 54 of Count 1 of this Indictment, and paragraphs 69 through 74 of Count 4 of this Indictment.

81. From on or about October 24, 2011, to on or about October 24, 2013, in the Northern District of Ohio, Eastern Division, Defendants AMIR AHMED (AHMED), GEORGE

EPPS (EPPS), ABDULAZIS “AZIS” WARSAME (A.WARSAME) , and LIFELINE, knowingly and willfully executed, and attempted to execute, a scheme to defraud a health care benefit program, that is, Medicaid, and to obtain by false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of a health care benefit program, Medicaid, by causing false and fraudulent claims to be submitted to Medicaid in connection with the delivery of and payment for health care benefits, items and services.

82. It was part of the scheme to defraud that AHMED, EPPS and A.WARSAME caused LIFELINE employees to falsify home health aide service documentation in order to make it appear as though the employees provided services to Medicaid recipients when they had not.

83. It was a further part of the scheme to defraud that AHMED, EPPS and A.WARSAME caused LIFELINE employees to falsely document their time by splitting their shifts on their time sheets, making it appear they worked more shifts than they actually worked.

84. It was a further part of the scheme to defraud that AHMED, EPPS, A.WARSAME, and LIFELINE submitted, and caused to be submitted, claims to health care benefit programs for additional shifts that they knew, and should have known were not provided.

85. It was further part of the schemed to defraud that AHMED, EPPS, A.WARSAME, and LIFELINE, submitted, and caused to be submitted, claims to health care benefit programs for additional shifts that were not provided in order to obtain additional reimbursement for the “loaded hour.”

86. It was a further part of the scheme to defraud that AHMED, EPPS, A.WARSAME, and LIFELINE, caused ODJFS/ODM to approve and pay claims that they otherwise would not have paid by causing false and fraudulent claims to be submitted to Medicaid 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.

COUNT 7

(Money Laundering – 18 U.S.C. § 1957)

The Grand Jury further charges:

87. On or about September 15, 2011, in the Northern District of Ohio, Eastern Division, and elsewhere, Defendant Y.WARSAME did knowingly engage in and attempt to engage in a monetary transaction affecting interstate commerce in criminally derived property of a value greater than \$10,000, such property having been derived from specified unlawful activity, that is, health care fraud, in violation of Title 18, United States Code, Section 1347, and conspiracy to commit health care fraud, in violation of Title 18, United States Code, Section 1349, to wit: Y.WARSAME used funds on deposit with LIFELINE's Huntington National Bank account x5766 to purchase a \$16,000 Huntington National Bank cashier's check made payable to "CASH," knowing said check would be deposited into Y.WARSAME's Huntington National Bank account x1560 on or about September 15, 2011.

All in violation of Title 18, United States Code, Section 1957.

COUNT 8

(Money Laundering – 18 U.S.C. § 1957)

The Grand Jury further charges:

88. On or about September 23, 2011, in the Northern District of Ohio, Eastern Division, and elsewhere, Defendant Y.WARSAME did knowingly engage in and attempt to engage in a monetary transaction affecting interstate commerce in criminally derived property of a value greater than \$10,000, such property having been derived from specified unlawful activity, that is, health care fraud, in violation of Title 18, United States Code, Section 1347, and conspiracy to commit health care fraud, in violation of Title 18, United States Code, Section 1349, to wit: Y.WARSAME used funds on deposit with LIFELINE's Huntington National Bank account x5766 to purchase a \$22,000 Huntington National Bank cashier's check made payable to "CASH,"

knowing said check would be deposited into Y.WARSAME's Huntington National Bank account x1560 on or about September 23, 2011.

All in violation of Title 18, United States Code, Section 1957.

COUNT 9

(Money Laundering – 18 U.S.C. § 1957)

The Grand Jury further charges:

89. On or about February 7, 2013, in the Northern District of Ohio, Eastern Division, and elsewhere, Defendant A.WARSAME did knowingly engage in and attempt to engage in a monetary transaction affecting interstate commerce in criminally derived property of a value greater than \$10,000, such property having been derived from specified unlawful activity, that is, health care fraud, in violation of Title 18, United States Code, Section 1347, and conspiracy to commit health care fraud, in violation of Title 18, United States Code, Section 1349, to wit: A.WARSAME knowingly deposited \$162,030.57 into PNC Bank account x1016 in the name of LIFELINE.

All in violation of Title 18, United States Code, Section 1957.

COUNT 10

(Money Laundering – 18 U.S.C. § 1957)

The Grand Jury further charges:

90. On or about February 13, 2013, in the Northern District of Ohio, Eastern Division, and elsewhere, Defendant A.WARSAME did knowingly engage in and attempt to engage in a monetary transaction affecting interstate commerce in criminally derived property of a value greater than \$10,000, such property having been derived from specified unlawful activity, that is, health care fraud, in violation of Title 18, United States Code, Section 1347, and conspiracy to commit health care fraud, in violation of Title 18, United States Code, Section 1349, to wit:

A.WARSAME knowingly conducted an electronic transfer in the amount of \$78,000.00 from LIFELINE's PNC Bank account x1016 to PNC Bank account x0996.

All in violation of Title 18, United States Code, section 1957.

FORFEITURE
FORFEITURE UNDER 18 U.S.C. § 982(a)(7) – COUNTS 1-6

The Grand Jury further charges:

91. The allegations of Counts 1-6 are hereby re-alleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 982(a) (7). As a result of the foregoing offenses, Defendants AMIR AHMED (AHMED), GEORGE EPPS (EPPS), NORMA LAUER (LAUER), ABDULAZIS "AZIS" WARSAME (A.WARSAME), and YASIN WARSAME (Y.WARSAME) shall forfeit to the United States all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offenses; including, but not limited to, the following:

- a. \$128,928.37 seized from PNC Bank Account Number xxxxxx1016, in the name of Lifeline Home Health Services, LLC. A.WARSAME was the sole signator to PNC Bank Account Number xxxxxx1016.
- b. \$271,271.03 seized from PNC Bank Account Number xxxxxx0996, in the name of Lifeline Home Health Services, LLC. A.WARSAME was the sole signator to PNC Bank Account Number xxxxxx0996.

FORFEITURE UNDER 18 U.S.C. § 982(a)(1) – COUNTS 7-10

92. The allegations of Counts 7-10 are hereby re-alleged and incorporated herein by reference for the purpose of alleging forfeiture pursuant to 18 U.S.C. § 982(a)(1). As a result of the foregoing offenses, Defendants ABDULAZIS "AZIS" WARSAME (A.WARSAME) and YASIN WARSAME (Y.WARSAME) shall forfeit to the United States all property, real and

personal, involved in such offenses, and all property traceable to such property; including, but not limited to, the following:

- a. \$128,928.37 seized from PNC Bank Account Number xxxxxx1016, in the name of Lifeline Home Health Services, LLC. A.WARSAME was the sole signator to PNC Bank Account Number xxxxxx1016.
- b. \$271,271.03 seized from PNC Bank Account Number xxxxxx0996, in the name of Lifeline Home Health Services, LLC. A.WARSAME was the sole signator to PNC Bank Account Number xxxxxx0996.

SUBSTITUTE PROPERTY

93. In the event that any property subject to forfeiture under 18 U.S.C. § 982(a)(7) and/or 18 U.S.C. § 982(a)(1), as a result of any act or omission of the defendant(s):

- a. cannot be located upon exercise of due diligence;
- b. has been transferred or sold to, or deposited with a third party;
- c. has been placed beyond the jurisdiction of this Court;
- d. has been substantially diminished in value; or,
- e. has been commingled with other property which cannot be divided without difficulty,

it is the intent of the United States, pursuant to 21 U.S.C. § 853(p) [as incorporated by 18 U.S.C. § 982(b)(1)], to seek forfeiture of any other property of the defendant(s), up to an amount equivalent to the value of the forfeitable property described above.

A TRUE BILL.

Original document -- Signatures on file with the Clerk of Courts, pursuant to the E-Government Act of 2002.