

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
**26-CR-20244-ALTONAGA/REID**  
CASE NO. \_\_\_\_\_

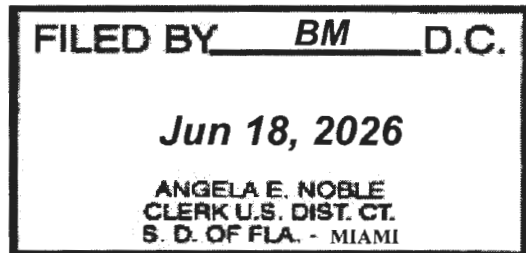
18 U.S.C. § 1349  
18 U.S.C. § 982(a)(7)

UNITED STATES OF AMERICA

vs.

YILIAN CRUZ and  
INTI CRUZ,

Defendants.



INFORMATION

The United States Attorney charges that:

GENERAL ALLEGATIONS

At all times relevant to this Information:

The Florida Medicaid Program

1. The Florida Medicaid Program (“Medicaid”) was a partnership between the state of Florida and the federal government that provided health care benefits to certain low-income individuals in Florida. The benefits available under Medicaid were governed by federal and state statutes and regulations. Medicaid was administered by the Centers for Medicare and Medicaid Services (“CMS”) and the Agency for Health Care Administration (“AHCA”). Individuals who received benefits under Medicaid were commonly referred to as Medicaid “recipients.”

2. Medicaid was financed with both federal and state funds and was a “health care benefit program,” as defined by Title 18, United States Code, Section 24(b).

3. Health care providers seeking to bill Medicaid for the cost of related benefits, items, and services were required to apply for and receive a “provider number.” The provider

number allowed a health care provider to submit bills, known as “claims,” to Medicaid, in order to obtain reimbursements for the cost of health care benefits, items, and services provided to Medicaid recipients.

4. Medicaid permitted these providers to submit claim forms electronically. The health insurance claim forms required the provider to provide certain important information, including: (a) the Medicaid recipient’s name and identification number; (b) the identification number of the doctor or other qualified health care provider who ordered or provided the health care benefit, item, or services that was the subject of the claim; (c) the health care benefit, item, or service that was provided or supplied to the beneficiary; (d) the billing codes for the benefit, item, or service; and (e) the date upon which the benefit, item, or service was provided or supplied to the recipient.

5. When a claim was submitted to Medicaid, the provider certified that the contents of the form were true, correct, and complete, and that the form was prepared in compliance with the laws and regulations governing the Medicaid program. The provider further certified that the services and health care items being billed were medically necessary and were in fact provided as billed.

6. Medicaid generally paid a substantial portion of the costs of the health care benefits, items, and services that were medically necessary and ordered by licensed doctors or other licensed and qualified health care providers. Payments were typically made directly to the health care provider rather than to the Medicaid recipient.

7. Medicaid reimbursed providers for a type of mental health services called “psychosocial rehabilitation services.” Psychosocial rehabilitation (“PSR”) services consisted of mental health counseling to improve a recipient’s ability to perform the activities of daily living

or to improve their ability to perform a job while coping with their mental disorder. The mental disorders treated in this manner included, among other things, depression and anxiety.

8. Medicaid would reimburse the providers of PSR services, called “community behavioral health services providers,” for performing an initial mental health evaluation, developing a treatment plan, and providing up to a maximum of 480 hours of medically necessary PSR services to a Medicaid recipient per year.

**The Defendants, Relevant Individuals, and Entities**

9. De La Cruz Mental Health LLC (“DE LA CRUZ”) was a Florida corporation located at 4634 NW 27th Avenue, Miami, Florida, purporting to provide PSR services.

10. Defendant **YILIAN CRUZ** was a resident of Miami-Dade County, and an officer and the sole registered agent of DE LA CRUZ.

11. Defendant **INTI CRUZ**, husband of **YILIAN CRUZ**, was a resident of Miami-Dade County, and an officer of DE LA CRUZ.

12. CO-CONSPIRATOR-1 was a resident of Miami-Dade County, and a silent partner and beneficial co-owner of DE LA CRUZ.

13. CO-CONSPIRATOR-2 was a resident of Miami-Dade County, an agent of CO-CONSPIRATOR-1, and a DE LA CRUZ employee.

14. Therapist-1 was a resident of Miami-Dade County and a DE LA CRUZ employee.

15. Recruiter-1 was a resident of Miami-Dade County.

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

16. From in or around September 2024, and continuing through in or around October 2025, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendants,

**YILIAN CRUZ and  
INTI CRUZ,**

did willfully, that is, with the intent to further the objects of the conspiracy, and knowingly combine, conspire, confederate, and agree with each other, CO-CONSPIRATOR-1, CO-CONSPIRATOR-2, and others known and unknown to the United States Attorney, to commit an offense against the United States, that is, 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 Medicaid, 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 benefits, items, and services, in violation of Title 18, United States Code, Section 1347.

**PURPOSE OF THE CONSPIRACY**

17. It was the purpose of the conspiracy for the defendants and their co-conspirators to unlawfully enrich themselves by, among other things: (a) offering and paying kickbacks and bribes for the referral of Medicaid recipients to serve as patients at DE LA CRUZ; (b) offering and paying kickbacks and bribes to Medicaid recipients to induce them to accept PSR services from DE LA CRUZ that were not provided as represented; (c) submitting and causing the submission of false and fraudulent claims to Medicaid for PSR and related services that were not provided as represented; (d) concealing the submission of false and fraudulent claims to Medicaid and the receipt of the fraud proceeds; and (e) diverting fraud proceeds for their personal use and benefit, the benefit of others, and to further the fraud conspiracy.

**MANNER AND MEANS OF THE CONSPIRACY**

The manner and means by which the defendants and their co-conspirators sought to

accomplish the object and purpose of the conspiracy included, among other things, the following:

18. CO-CONSPIRATOR-1 and CO-CONSPIRATOR-2 recruited and referred Medicaid recipients to **YILIAN CRUZ** and **INTI CRUZ**, by offering and paying kickbacks to the Medicaid recipients to receive PSR and related services from DE LA CRUZ that were not all provided as represented.

19. **YILIAN CRUZ** and **INTI CRUZ** offered and paid kickbacks to Recruiter-1 to recruit and refer Medicaid recipients to receive PSR and related services from DE LA CRUZ that were not all provided as represented.

20. CO-CONSPIRATOR-1, CO-CONSPIRATOR-2, **YILIAN CRUZ**, and **INTI CRUZ** offered and paid kickbacks to Medicaid recipients for agreeing to accept PSR and related services from DE LA CRUZ that were not all provided as represented.

21. **YILIAN CRUZ**, **INTI CRUZ**, CO-CONSPIRATOR-2, Therapist-1, and others implemented and oversaw an informal policy at DE LA CRUZ preparing therapy records (including attendance sheets) to bill PSR therapy sessions on behalf of Medicaid recipients four (4) days per week, despite only instructing and expecting the Medicaid recipients to attend PSR therapy sessions two (2) days per week.

22. **YILIAN CRUZ**, CO-CONSPIRATOR-2, and others submitted and caused DE LA CRUZ to submit false and fraudulent claims to Medicaid, via interstate wire communications, for PSR and related services that were not provided as represented.

23. As a result, DE LA CRUZ submitted approximately \$1,311,459 in false and fraudulent claims to Medicaid for PSR and related services that were not provided, and Medicaid reimbursed approximately \$1,170,898 in payments to DE LA CRUZ based on those claims.

24. **YILIAN CRUZ, INTI CRUZ, CO-CONSPIRATOR-1, CO-CONSPIRATOR-2,** and their co-conspirators used the proceeds of the health care fraud for their personal use and benefit, the use and benefit of others, and to further the fraud.

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

**FORFEITURE ALLEGATIONS**

1. The allegations of this Information are hereby re-alleged and by this reference fully incorporated herein for the purpose of alleging forfeiture to the United States of America of certain property in which the defendants, **YILIAN CRUZ** and **INTI CRUZ**, have an interest.

2. Upon conviction of a violation of Title 18, United States Code, Section 1349, as alleged in this Information, each defendant shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

3. All pursuant to Title 18, United States Code, Section 982(a)(7), and the procedures set forth at Title 21, United States Code, Section 853, as incorporated by Title 18, United States Code, Sections 982(b)(1).

  
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