

State of Minnesota  
County of Hennepin

District Court  
4th Judicial District

Prosecutor File No. 33.BM79.0227  
Court File No. 27-CR-21-11942

**State of Minnesota,**

Plaintiff,

vs.

**ABDIRASHID SAID DOB: 08/10/1975**

951 Lowry Avenue  
#108  
Minneapolis, MN 55418

Defendant.

**COMPLAINT**

Summons

The Complainant submits this complaint to the Court and states that there is probable cause to believe Defendant committed the following offense(s):

**COUNT I**

**Charge: Theft by Swindle (over \$35,000)**

Minnesota Statute: 609.52.2(a)(4), with reference to: 609.52.3(1)

Maximum Sentence: Imprisonment of no more than 20 years, or payment of a fine of no more than \$100,000, or both.

Offense Level: Felony

Offense Date (on or about): 10/18/2016 to 02/22/2017

Control #(ICR#): 20180146

Charge Description: On or about warrant dates October 18, 2016 through February 22, 2017, in Hennepin County, State of Minnesota, Defendant, ABDIRASHID SAID (DOB: 08/10/1975) obtained property from another person by swindling, by artifice or trick, device, or other means, and the value of the property obtained was over \$35,000, to wit: Defendant falsely represented that M.H. and N.H. were employees of his company, Ultimate Healthcare, LLC, and earning more than \$65 a month, which qualified M.H. and N.H. for the Medical Assistance Employed Persons with Disabilities program and allowed SAID, through Ultimate, to bill for and receive \$36,327.14 in Medicaid-funded personal care assistant services.

**COUNT II**

**Charge: Theft by Swindle (over \$35,000)**

Minnesota Statute: 609.52.2(a)(4), with reference to: 609.52.3(1)

Maximum Sentence: Imprisonment of no more than 20 years, or payment of a fine of no more than \$100,000, or both.

Offense Level: Felony

Offense Date (on or about): 06/28/2016 to 10/04/2016

Control #(ICR#): 20180146

Charge Description: On or about warrant dates June 28, 2016 through October 4, 2016, in Hennepin County, State of Minnesota, Defendant, ABDIRASHID SAID (DOB: 08/10/1975) obtained property from another person by swindling, by artifice or trick, device, or other means, and the value of the property obtained was over \$35,000, to wit: Defendant falsely represented that M.H. and N.H. were employees of his company, Ultimate Healthcare, LLC, and earning more than \$65 a month, which qualified M.H. and N.H. for the Medical Assistance Employed Persons with Disabilities program and allowed SAID, through Ultimate, to bill for and receive \$41,250.62 in Medicaid-funded personal care assistant services.



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**STATEMENT OF PROBABLE CAUSE**

The Complainant states that the following facts establish probable cause:

Your affiant, Scott Boris, is an investigator with the Medicaid Fraud Control Unit (MFCU) of the Minnesota Attorney General's Office.

As an investigator for the MFCU, I investigate allegations of fraud by health care providers enrolled in the Minnesota Medical Assistance (Medicaid) program. In this capacity, I investigated the practices of Abdirashid Said (DOB:08/10/1975) (SAID) and his Agency, Ultimate Healthcare, LLC (ULTIMATE). I determined that SAID, the owner of ULTIMATE, obtained funds through the Medicaid program by swindling the Minnesota Department of Human Services (DHS) into paying for personal care assistant (PCA) services for recipients who were only eligible for Medicaid because of SAID's swindle. SAID paid recipients' wages, and falsely reported that the recipients were ULTIMATE employees, so that they qualified for Minnesota's Medical Assistance for Employed Persons with Disabilities (MA-EPD). Doing this allowed SAID's company, ULTIMATE, to obtain Medicaid payments of over \$75,000 during the charging period to which ULTIMATE would have not otherwise been entitled but for SAID's false representations. SAID's payments to recipients also violated federal and state prohibitions on kickbacks.

**I. The Medicaid Program**

The Medicaid program provides medical care and services to Minnesotans (recipients) who meet certain income and other eligibility requirements. The Medicaid program, known in Minnesota as the Minnesota Health Care Programs (MHCP), is administered by the Minnesota Department of Human Services (DHS). The DHS enrolls health care providers to furnish health care services and goods to Medicaid recipients.

Medicaid providers are informed of the laws and regulations governing their participation through the MHCP Provider Manual (Manual), which provides specific information for each provider type. For instance, providers must submit claims only after services are rendered and cannot submit claims that overstate either the level of care provided, or the amount of care provided. The Manual is available to providers electronically, and updates occur on a continuous basis. The DHS also issues bulletins to clarify existing laws and regulations and to summarize any changes. The DHS further explains MHCP laws and regulations during a three-day training program called "Steps for Success." Personal Care Assistant Service Agency (Agency/Agencies) owners, managing employees, and qualified professionals must attend Steps for Success before enrolling in the MHCP. Finally, the DHS offers a "PCA Billing Lab" which teaches Agencies how to properly bill claims to the DHS. As a condition of their enrollment in the MHCP, providers agree to comply with all rules relating to the delivery of Medicaid services to their recipients and to the submission of claims for such services, including those rules set forth in the Manual.

As required by federal law, the MHCP prohibits providers from offering any kind of kickback, such as cash, merchandise, or other goods or services to a recipient to induce him or her to receive health care services from the provider.

**A. Medicaid Eligibility**

There are different programs through which one may qualify for Medicaid. The programs have different eligibility requirements. One of the programs is Medical Assistance for Employed Persons with Disabilities (MA-EPD). To qualify for MA-EPD, a recipient must be a working Minnesota resident, earning at least \$65 a month. The recipient must also be certified disabled by either the Social Security Administration or the State. Additionally, one must have less than \$20,000 in assets. A person eligible for MA-EPD cannot live in

a long-term care facility, nor can the person be eligible for standard Medical Assistance without a special down. The MA-EPD requires a payment of a premium, regardless of income. The exact amount of the premium depends upon one's income, but it is a minimum of \$35 per month.

## **B. PCA Services**

The Medicaid program covers Personal Care Assistant (PCA) services for recipients who live in their own residence, but whose illness, injury, physical condition, or mental condition creates the need for assistance with certain activities of daily living. PCAs must document the services they provide to recipients on a timesheet which must include the dates of service, the name and signature of the PCA and recipient, the arrival and departure time of the PCA (including a.m. and p.m. designations), the total number of hours worked daily, and a description of the services provided.

## **C. Personal Care Assistant Service Agencies**

A recipient who qualifies for PCA services may hire a Personal Care Assistant Service Agency (Agency/Agencies) to furnish the services. The Agency acts as an intermediary between the recipient and the DHS. The Agency hires or contracts with PCAs to provide services at the home of the recipient, and the Agency contracts with the DHS to provide the services to the recipient.

Using the data from PCA timesheets, the Agency submits claims for reimbursement to the DHS. The DHS then reimburses the Agency by issuing a warrant (payment), with the amount of the warrant determined by multiplying the number of PCA units (one unit is 15 minutes) by a predetermined reimbursement rate. The Agency keeps the difference between the amount of the warrant and the amount of wages paid to the PCA, as profit.

## **II. SAID and ULTIMATE**

In November 2010, SAID registered Ultimate Healthcare, LLC with the Minnesota Secretary of State. In March 2015, SAID again registered Ultimate Healthcare, LLC with the Minnesota Secretary of State. SAID submitted the paperwork to the DHS, stating he was 100% owner of ULTIMATE.

SAID completed the requirements to open an Agency, including attending Steps for Success. Steps for Success is a multi-day course put on by DHS, that trains Agency owners and managers regarding the operation of an Agency. The course introduces Agency owners and managers to the MHCP Provider Manual (Manual). The Manual includes a section on the kickback schemes. The Manual advises Agency owners and managers that it is prohibited to transfer any remuneration to an individual eligible for benefits, such that it would be likely to influence the person to receive benefits from a particular provider. Additionally, SAID signed a Provider Agreement in which he agreed to abide by all federal and state statutes regarding the delivery of services to recipients.

## **III. Said's Deal with M.H. and N.H.<sup>[1]</sup>**

M.H. and N.H. are Medicaid recipients, who qualified for Medicaid through the MA-EPD program during the charging period based on false statements from SAID that they were (1) employees of ULTIMATE and (2) earning \$65 a month due to their work at ULTIMATE.

On January 29, 2016, Abdulkadir Abdi, the office manager for Ultimate, wrote letters stating that M.H. and N.H. would begin working at ULTIMATE on February 11, 2016, and would work three and a half hours a week at the rate of \$12.00 an hour. When Hennepin County sought verification of M.H. and N.H.'s employment at ULTIMATE, SAID signed the documents stating that each worked at ULTIMATE. Fraudulent payroll documents were also created to document that M.H. and N.H. worked three and a half hour every

pay period and that they earned \$33 a pay period, or just over \$65 a month, exactly what they needed to qualify for MA-EPD through the state Medicaid program. ULTIMATE also provided W-2 tax forms for 2016 which falsely stated that M.H. and N.H. each made \$840 in wages from ULTIMATE.

During an interview, SAID admitted to this arrangement with M.H. and N.H. and characterized it as a way for M.H. and N.H. to avoid paying for their medical expenses. When asked whether M.H. and N.H. ever did any work at ULTIMATE, SAID replied, "No." SAID continued that M.H. and N.H. never filled out applications, or had fingerprints taken. SAID said that he split the monthly payments between M.H. and N.H. because each had separate insurance.

ULTIMATE billed for about nine hours of daily PCA services provided to M.H. and N.H. DHS paid for these claims based on ULTIMATE's false representations that M.H. and N.H. were employees of ULTIMATE earning at least \$65 a month. ULTIMATE billed DHS for over 4,500 hours of PCA services for M.H. and N.H. DHS reimbursed ULTIMATE over \$77,000 for these claims.

#### IV. Conclusion

From June 2016 through February 2017, SAID, through ULTIMATE, tricked DHS into paying for over \$77,000 of PCA services for M.H. and N.H. by falsely reporting that these two individuals were employees of ULTIMATE and earning at least \$65 a month. A breakdown of the claims by count and complaint section follows:

<b>Count</b>	<b>Dates</b>	<b>Total</b>
1	October 18, 2016 – February 22, 2017	<b>\$36,327.14</b>
2	June 28, 2016 – October 4, 2016	<b>\$41,250.62</b>
<b>Total</b>		<b>\$77,577.76</b>

[1] Initials are used to protect the identity of Medicaid recipients.

**SIGNATURES AND APPROVALS**

Complainant requests that Defendant, subject to bail or conditions of release, be:  
 (1) arrested or that other lawful steps be taken to obtain Defendant's appearance in court; or  
 (2) detained, if already in custody, pending further proceedings; and that said Defendant otherwise be dealt with according to law.

Complainant declares under penalty of perjury that everything stated in this document is true and correct. Minn. Stat. § 358.116; Minn. R. Crim. P. 2.01, subds. 1, 2.

**Complainant**

Scott Boris  
 Medicaid Fraud Investigator  
 445 Minnesota Street  
 Suite 1400  
 St. Paul, MN 55101

Electronically Signed:  
 06/25/2021 03:13 PM  
 Hennepin County, MN

Being authorized to prosecute the offenses charged, I approve this complaint.

**Prosecuting Attorney**

Kristi Nielsen  
 445 Minnesota Street  
 Suite 1400  
 St. Paul, MN 55101  
 (651) 297-1075

Electronically Signed:  
 06/25/2021 01:36 PM

**FINDING OF PROBABLE CAUSE**

From the above sworn facts, and any supporting affidavits or supplemental sworn testimony, I, the Issuing Officer, have determined that probable cause exists to support, subject to bail or conditions of release where applicable, Defendant's arrest or other lawful steps be taken to obtain Defendant's appearance in court, or Defendant's detention, if already in custody, pending further proceedings. Defendant is therefore charged with the above-stated offense(s).

**SUMMONS**

THEREFORE YOU, THE DEFENDANT, ARE SUMMONED to appear as directed in the Notice of Hearing before the above-named court to answer this complaint.

IF YOU FAIL TO APPEAR in response to this SUMMONS, a WARRANT FOR YOUR ARREST shall be issued.

**WARRANT**

To the Sheriff of the above-named county; or other person authorized to execute this warrant: I order, in the name of the State of Minnesota, that the Defendant be apprehended and arrested without delay and brought promptly before the court (if in session), and if not, before a Judge or Judicial Officer of such court without unnecessary delay, and in any event not later than 36 hours after the arrest or as soon as such Judge or Judicial Officer is available to be dealt with according to law.

*Execute in MN Only*

*Execute Nationwide*

*Execute in Border States*

**ORDER OF DETENTION**

Since the Defendant is already in custody, I order, subject to bail or conditions of release, that the Defendant continue to be detained pending further proceedings.

Bail: \$  
Conditions of Release:

This complaint, duly subscribed and sworn to or signed under penalty of perjury, is issued by the undersigned Judicial Officer as of the following date: June 25, 2021.

**Judicial Officer**

Gina Brandt  
District Court Judge

Electronically Signed: 06/25/2021 03:40 PM

Sworn testimony has been given before the Judicial Officer by the following witnesses:

**COUNTY OF HENNEPIN  
STATE OF MINNESOTA**

**State of Minnesota**

Plaintiff

vs.

**Abdirashid Said**

Defendant

**LAW ENFORCEMENT OFFICER RETURN OF SERVICE**

*I hereby Certify and Return that I have served a copy of this  
Summons upon the Defendant herein named.*

Signature of Authorized Service Agent:

**DEFENDANT FACT SHEET**

**Name:** Abdirashid Said  
**DOB:** 08/10/1975  
**Address:** 951 Lowry Avenue  
#108  
Minneapolis, MN 55418

**Alias Names/DOB:**

**SID:**

**Height:**

**Weight:**

**Eye Color:**

**Hair Color:**

**Gender:**

**Race:**

**Fingerprints Required per Statute:** Yes

**Fingerprint match to Criminal History Record:** No

**Driver's License #:**

**Case Scheduling Information:** AGO case. The State is not available for a 1st Appearance 7/13; 7/21, 7/22, 8/9, 8/23

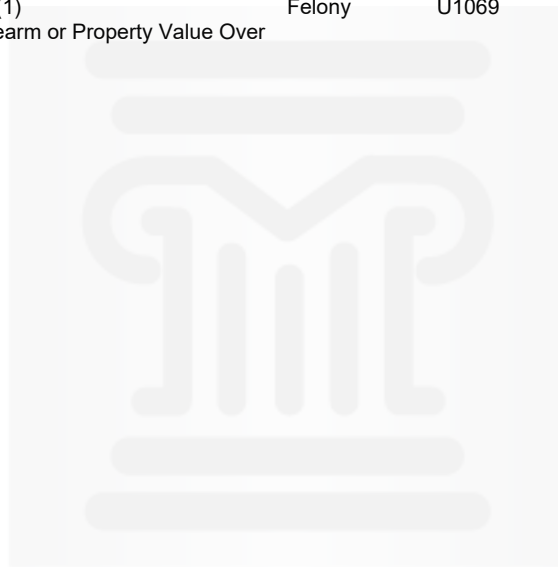
**Alcohol Concentration:**



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**STATUTE AND OFFENSE GRID**

<b>Cnt Nbr</b>	<b>Statute Type</b>	<b>Offense Date(s)</b>	<b>Statute Nbrs and Descriptions</b>	<b>Offense Level</b>	<b>MOC</b>	<b>GOC</b>	<b>Controlling Agencies</b>	<b>Case Numbers</b>
1	Charge	10/18/2016	609.52.2(a)(4) Theft-By Swindle	Felony	U1069	N	MN062015A	20180146
	Penalty	10/18/2016	609.52.3(1) Theft-Firearm or Property Value Over \$35,000	Felony	U1069	N	MN062015A	20180146
2	Charge	6/28/2016	609.52.2(a)(4) Theft-By Swindle	Felony	U1069	N	MN062015A	20180146
	Penalty	6/28/2016	609.52.3(1) Theft-Firearm or Property Value Over \$35,000	Felony	U1069	N	MN062015A	20180146



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