

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT
IN AND FOR LEON COUNTY, FLORIDA

STATE OF FLORIDA
AGENCY
COUNTY OF LEON

MFCU

CASE # MFC-19-05797

**AFFIDAVIT IN SUPPORT FOR
AN ARREST WARRANT FOR RODNEY J. BURT**

BEFORE ME, H. Mark Demceod the undersigned Notary Public of the State of Florida, personally appeared Robert Wester, a Law Enforcement Investigator with the Florida Attorney General's Medicaid Fraud Control Unit, who being by me first duly sworn, deposes and further states as follows:

Your Affiant, Robert Wester, has been employed with the Medicaid Fraud Control Unit (MFCU) since July 14, 2017, and is currently a Law Enforcement Investigator. Prior to employment with the MFCU, your Affiant was employed by local, state and federal law enforcement agencies and conducted criminal investigations. Your Affiant has over thirty-five years of sworn law enforcement experience. Your Affiant is currently assigned to the Tallahassee Bureau of the Medicaid Fraud Control Unit within the Office of the Attorney General.

The Medicaid Fraud Control Unit (MFCU) operates under the supervision of the Florida Attorney General's Office and exists to investigate fraud in the Medicaid Program. The MFCU is authorized to investigate the possible criminal violation of applicable state laws pertaining to fraud in the administration of the Medicaid program, in the provision of medical assistance, or in the activities of providers of health care under the Medicaid program, and to investigate alleged abuse, neglect or exploitation of patients' private funds in healthcare facilities receiving payments under the Medicaid program, pursuant to 42 U.S.C. § 1396b(q) and § 409.920(9) Florida Statutes. The MFCU is also authorized to investigate any other criminal violations uncovered during the course of those investigations pursuant to § 16.59, Florida Statutes.

The Agency for Health Care Administration (AHCA), located at 2727 Mahan Drive, Tallahassee, Leon County, Florida, is the State of Florida agency that oversees the Medicaid Program to provide medical services for persons who have been found eligible to receive Medicaid benefits. Medicaid eligibility in Florida is determined either by the state Department of Children and Families (DCF) or the Federal Social Security Administration for Supplemental Security Income recipients. DXC Technology (DXC), located at 2671 Executive Center Circle East, Tallahassee, Leon County, Florida, is the fiscal agent for the State of Florida that administers program funds to Medicaid

providers¹. DXC also provides claims data used to review claims submitted by providers to the Medicaid program, and payments made to providers from the Medicaid program. The current business practice is that all Medicaid billing is done electronically (i.e., computer transmittal).

Florida Medicaid Management Information System (FMMIS) is used to enroll providers, process Medicaid claims, adjudicate claims, accept and process encounter claims for data collection, and reimburse providers. FMMIS allows the use of numerous electronic edits and audits to ensure that each electronically submitted claim is from a valid Medicaid provider, for a valid Medicaid recipient, and for a valid Medicaid service.

Your Affiant further states that the facts and reliable evidence supporting this Affidavit establish probable cause to believe that, during the period of May 2, 2016, through November 29, 2019, a Black male, **Rodney J. Burt**, whose date of birth is [REDACTED] who is believed to be currently residing at 2512 Eugene Bailey Road, Tallahassee, Leon County, Florida, did commit a violation of Medicaid Provider Fraud, sections 409.920(2)(a)2 and 409.920(2)(b)1.c. Florida Statutes, first-degree felony within Leon County, Florida. The facts and evidence are as follows:

BACKGROUND

The Florida Medicaid Program is a taxpayer-funded government assistance program where most participating healthcare service providers are reimbursed according to defined rates of payment for providing certain defined services to eligible recipient-patients. The program is administered by the Florida Agency for Health Care Administration ("AHCA").

***The Florida Medicaid Provider General Handbook*² states on p. [5-4]**

When presenting a claim for payment under the Medicaid program, a provider has an affirmative duty to supervise the provision of, and be responsible for, goods and services claimed to have been provided, to supervise and be responsible for preparation and submission of the claim, and to present a claim that is true and accurate and that is for goods and services that:

...

When required by federal or state law, the provider rendering the service is actively licensed or certified to provide the service; are Medicaid-covered goods or services that are medically necessary;

...

¹ The term "provider", as defined by the AHCA Mental Health Handbook and used in this investigation, is used to describe any entity, facility, person or group who is enrolled in the Medicaid program and renders services to Medicaid recipients and bills Medicaid for service.

² Incorporated by reference by Fla. Admin. Code R. 59G-5.020 Provider Requirements.

Are provided in accord with applicable provisions of all Medicaid rules, regulations, handbooks, and policies and in accordance with federal, state and local law[.]

Medicaid goods or services are excessive or not medically necessary unless both the medical basis and the specific need for them are fully and properly documented in the recipient's medical record.

The Florida Medicaid Personal Care Services Coverage Policy Handbook states;

Florida Medicaid personal care services provide medically necessary assistance, in the home or in the community, with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) to enable recipients to accomplish tasks they would normally be able to do for themselves if they did not have a medical condition or disability.

5.2 Specific Non-Covered Criteria

Florida Medicaid does not reimburse for the following:

- *A skill level other than what is prescribed in the physician order and approved plan of care (POC)*
- *Assistance with homework*
- *Babysitting*
- *Care, grooming, or feeding of pets and animals*
- *Certification of the POC by a physician*
- *Companion sitting or leisure activities*
- *Escort services*
- *Housekeeping (except light housekeeping to make the environment safe), homemaker, and chore services*
- *Nursing assessments related to the POC*
- *Professional development training or supervision of home health staff or other home health personnel*
- *Respite care to facilitate the parent or legal guardian attending to personal matters*
- *Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act*
- *Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient. (Except when a recipient is enrolled in the Consumer-Directed Care Plus program)*
- *Services provided in any of the following locations: – Hospitals – Intermediate care facility for individuals with intellectual disabilities – Nursing facilities – Prescribed pediatric extended care centers – Residential*

facilities or assisted living facilities when the services duplicate those provided by the facility

- *Services rendered prior to the development and approval of the POC*
- *Travel time to or from the recipient's place of residence*
- *Yard work, gardening, or home maintenance work Florida Medicaid may reimburse for some services listed in this section through a different service benefit...*

8.3 Billing Code, Modifier, and Billing Unit Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, as incorporated by reference in Rule 59G-4.002, F.A.C.

8.3.1 Modifiers Providers must include the following on the claim form as appropriate:

- *TT Services rendered to multiple recipients in the same setting*
- *UF Services provided by more than one provider in the same setting*

8.4 Diagnosis Code Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.5.1 Rate Adjustment for Multiple Recipients Florida Medicaid reimburses providers for services that can be rendered during the same time period by one aide to two or more recipients who share a dwelling space as follows:

- *One hundred percent of the Florida Medicaid rate for the first recipient*
- *Fifty percent of the Florida Medicaid rate for the second recipient*
- *Twenty-five percent of the Florida Medicaid rate for the third and subsequent recipients*

According to the Florida Department of State, Division of Corporations, Rodney Burt has an active registration for the fictitious name 'No Place Like Home' located at 1832 Capital Circle NE, Suite #2, Tallahassee Florida 32308. The original filing date listed was September 28, 2010. Burt was listed as the owner.

Rodney J. Burt dba No Place Like Home provides Homemaker Services (S5130), Life Skills Development (S5135UC) and Companion Care Services (S5135) for Medicaid recipients in the Tallahassee, Florida area.

On November 17, 2015, HP Enterprise Service (now DXC) received a Florida Medicaid Provider Enrollment Application for Rodney J Burt. As part of the certification, Rodney J Burt signed a statement that stated, in part, "I further understand that false claims, statements, documents, or concealment of material facts may be prosecuted under applicable federal and state laws."

As an enrolled Medicaid provider, Rodney J Burt was required to designate and identify an Electronic Funds Transfer account. In his Florida Medicaid National Provider Registration on January 8, 2013, Rodney J Burt designated his primary business

account to receive payment from Medicaid at Florida State University Credit Union, a business checking account #xxxxxxxx2010. This means payments from Medicaid are deposited into these accounts on their respective dates.

Rodney J Burt is the only signature currently listed as having authorization on the account. Review of the bank records for these accounts, in the name of, verifies payments being deposited from the Florida Medicaid Program into these accounts. These deposits reference the Medicaid provider number for Rodney J. Burt.

The MCFU received from Matt Brackett, Program Administrator for Medicaid Policy within AHCA, a sworn affidavit dated March 11, 2020, detailing the billing policies of AHCA regarding Personal Support services. The affidavit states, in part:

4. Florida Medicaid does not knowingly reimburse for services that have not actually been provided.

9. Florida Medicaid does not knowingly reimburse for claims where a Medicaid provider fails to report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered.

10. Florida Medicaid does not knowingly reimburse for claims where a Medicaid provider fails to include Modifier TT on the claim form where services were rendered to multiple recipients in the same setting.

11. Florida Medicaid does not knowingly reimburse for claims where a Medicaid provider fails to include Modifier UF on the claim form where services were provided by more than one provider in the same setting.

THE COMPLAINT

This investigation began when a complaint was received on July 31, 2019, from Sarah Jackson, who provided Your Affiant a sworn statement alleging Rodney Burt, owner of No Place Like Home was allowing Jackson to provide Medicaid services without being properly vetted and not clearing an AHCA background check. Jackson stated around October or November of 2018, she was unemployed and responded to a Craigslist ad for someone to provide companion services. Jackson stated she subsequently met Burt at his office located off Capital Circle NE (1832 Capital Circle NE, Tallahassee, FL) and completed the required paperwork for the job. Jackson stated in past years she had a couple of criminal traffic citations on her criminal record that did not impact her employment as a companion caregiver. Jackson stated Burt offered and she accepted a job as a caregiver for a Medicaid recipient identified as MS³, a 13- year- old who was

³ * The name of the Medicaid recipient has been reduced to initials to avoid the disclosure of confidential information pursuant to, inter alia, federal HIPAA (Health Insurance Portability and Accountability Act)

partially paralyzed from a self-inflicted gunshot wound. Jackson stated she was paid \$9.50 per hour and she worked seven days a week for nine hours per day.

Jackson stated a short time after she started providing services for [REDACTED] she was notified by Burt that her criminal arrest was preventing her from passing the required background checks. Jackson stated she was told by Burt to continue providing services for [REDACTED] and Burt would ask AHCA for an extension regarding her background check.

Jackson stated she continued working as directed by Burt and after a couple of months had passed, she was contacted by Burt who told her he had good news that AHCA had approved her background extension. Jackson stated she responded to Burt that "God was good" and continued providing services.

Jackson stated she has been providing companion services since the mid 1990's and she suspects Burt was providing false documents to Medicaid when billing for [REDACTED]. Jackson stated she suspects Burt was listing another service provider as the rendering provider since she was not eligible to provide services. Jackson continued by stating she had the required APD training and she had no problems passing a level 1 background and could not understand why she did not pass a level 2 background. Jackson stated there was no violent or drug related crimes in her criminal background.

Jackson reported she suspected Burt was billing for services that were not provided to [REDACTED]

THE INVESTIGATION

Interview

On September 25, 2019, Your Affiant and Lt. Mark Ormerod conducted a sworn recorded interview with [REDACTED] is the [REDACTED] of Medicaid recipients [REDACTED] and [REDACTED]

[REDACTED] stated in 2017 she was referred to Rodney Burt the owner of No Place Like Home to provide services for her three children. [REDACTED] stated her job required her to work 12 to 14 hours a day and she needed help with her children. [REDACTED] stated her children were diagnosed with Autistic disorder, developmental disorder and mild asthma.

[REDACTED] was provided the opportunity to review claims submitted for services for her children by Burt from 09/01/2017-02/28/2018. [REDACTED] stated Burt (No Place Like Home Staff) provided at least 4 hours per day of services for her children. [REDACTED] when asked explained that the services were provided in a 4-hour block and further explained the children did not receive a total of 12 hours a day of services. *Note: Burt billed Medicaid for a total of 12 hours per service day for the children.* Based on what [REDACTED] observed Burt was providing services for the children in a group setting. [REDACTED] stated that on Thanksgiving Day (11/23/17) Burt billed for 4 hours of services for [REDACTED] and that billing was not correct. [REDACTED] stated she cared for her children on Thanksgiving Day and no services were provided by Burt. [REDACTED] asked if Burt was not allowed to bill for 12 hours

of service per day since he or his staff was providing at least 4 hours of service per day for the three children combined.

MFA Kileen Cassidy conducted a review of claims submitted by Burt and provided the following summary;

Rodney Burt dba No Place Like Home billed Medicaid \$22,560.00 for services rendered to recipients [REDACTED] [REDACTED] and [REDACTED] for Service Dates 9/1/17 to 2/28/18 and was reimbursed \$20,670.00.

Burt billed for these three recipients for 4 hours each (\$60.00 each) for 124 days for Procedure S9122 - Home Health Aide or Certified Nurse Assistant.

Burt did not bill the Modifier TT which would have indicated that there was more than one recipient in the same setting. Therefore, the billing reflects services rendered to each recipient individually.

The recipients' mother/guardian [REDACTED] indicated that this service was provided to all three children together for a total of 4 hours per day.

Burt billed \$9,300.00 more at the individual rate for S9122 and was paid \$7,470.00 more than he would have had he billed for S9122 TT for the 124 Service Dates when he billed for all three recipients.

Burt billed \$60.00 for 4 Units of S9122 for [REDACTED] for Thanksgiving Day in 2017 (11/23/17) and was paid \$60.00; [REDACTED] indicated that these services were not provided by Burt as she cared for the children that day.

[REDACTED] Interview

On October 3, 2019, Your Affiant and LEI Jerrod Rigdon conducted a sworn recorded interview with [REDACTED] the mother of [REDACTED] a Medicaid recipient.

[REDACTED] stated in April of 2019, Wanda Merritt a service coordinator employed by Children Medical Services recommended Rodney Burt dba No Place Like Home to provide limited services for [REDACTED] [REDACTED] stated she accepted a job in April of 2017 working as a driver for Star Metro located in Tallahassee Florida. [REDACTED] stated Burt/staff was hired to provide 3 hours of service Monday- Friday for [REDACTED] [REDACTED] stated the services provided included picking [REDACTED] from Ruediger Elementary School at 2:50pm each day, providing [REDACTED] fast food mainly from Wendy's and then returning [REDACTED] home until about 6:00pm. [REDACTED] stated she worked for Star Metro for about 30 days and she was terminated at the end of April 2017. [REDACTED] stated after her termination she no longer required the services of Burt/staff. [REDACTED] stated on one occasion after her April 2017 termination she used Burt/staff for watching [REDACTED] for a couple hours while she went for a job interview.

[REDACTED] was provided the opportunity to review claims submitted by Burt for services provided to [REDACTED] from 4/3/2017-9/29/2017. [REDACTED] stated the billing dates for April

2017 appeared to be correct, however the hours billed were false. [REDACTED] explained that the staff employed by Burt provided 3 hours or less per day and the staff never provided 6 hours per day. (Note: Burt billed Medicaid for 6 hours per day and was paid \$90.00 for the 6 hours.) [REDACTED] stated the billing from 5/1/2017-9/29/17 was not true that Burt or his staff did not provide the services listed. [REDACTED] reiterated that Burt/staff did provide a couple of hours service after April 28, 2017 on one occasion only. [REDACTED] signed and dated the claims data indicating that she did review the documents.

Your Affiant conducted a review of the claims submitted by Burt for the services of [REDACTED] and determined Burt filed approximately 156 false claims and was reimbursed by the Florida Medicaid program. It was noted Burt was billing up to 10 hours per day for services he did not provide based on a review of claims Burt submitted to the Medicaid program.

MFA Kileen Cassiday conducted a review of claims submitted by Burt and determined Burt received a potential over payment of \$14,010.00 for services not provided. Burt submitted claims to the Medicaid program totaling \$15,120.00 and Burt was reimbursed \$14,010.00. The reimbursement total was calculated based off the sworn testimony of [REDACTED] and the lack of Burt not having progress notes to support the claims.

[REDACTED] Interview

On October 09, 2019, Your Affiant conducted a sworn recorded interview with [REDACTED] the mother of Medicaid recipient [REDACTED]

[REDACTED] stated [REDACTED] was diagnosed with Autism and in late 2016 or early 2017 she was dealing with JD's medical problems; her mother was diagnosed with cancer, and she was suffering from fibromyalgia that resulted in [REDACTED] contacting APD for help.

[REDACTED] stated APD provided her the contact information for Rodney Burt, the owner of No Place Like Home. Burt is a service provider for the Big Bend area. [REDACTED] stated after she met with Burt at her home, she decided that Burt and his staff would provide services for [REDACTED]. [REDACTED] stated the agreement with Burt was for approximately 1 to 3 hours of service per day starting around 4:30pm and ending around 7:00pm. [REDACTED] stated on average Burt/staff would provide 3 days a week of services.

[REDACTED] identified the primary service provider as Mrs. Regina, B/F about 52 years old. [REDACTED] stated Mrs. Regina was required to meet [REDACTED] at the bus stop located at the end of Brim Lane on school days at 4:30pm and then escort [REDACTED] home. [REDACTED] stated Mrs. Regina would assist [REDACTED] with his daily activities until 6:30 or 7:00pm. [REDACTED] stated her mother was also home during the service hours provided by Mrs. Regina. [REDACTED] stated the services provided by Burt lasted about six months, and she and her family decided Mrs. Regina did not have the level of energy required to work with [REDACTED]. [REDACTED] stated she contacted Burt by phone and terminated the services.

██████████ was provided the opportunity to review claims submitted by Burt for the services he provided ██████████. The billing dates were from 01/01/2017-06/30/2017. ██████████ stated she noted Burt had submitted daily billing and that billing would be false, ██████████ stated again Mrs. Regina only provided up to 3 days per week of services. ██████████ stated the days of service varied each week depending upon the family's needs. ██████████ also stated she noted Burt was billing for more than 3 hours per day and those dates with more than 3 hours were false. ██████████ stated she did not record the dates or hours that Mrs. Regina worked; however, based on her review of the billing, a large percentage of the billing was false.

MFA Kileen Cassidy conducted a review of claims submitted by Burt and determined Burt received a potential over payment of \$9,675.00 for services not provided. Burt submitted claims to the Medicaid program totaling \$17,790.00 and Burt was reimbursed \$9,675.00. The reimbursement total was calculated based off the sworn testimony of ██████████ and the lack of Burt not having progress notes to support the claims.

██████████ Interview

On October 29, 2019, Your Affiant and LEI Jerrod Rigdon conducted a sworn recorded interview with ██████████ the Grandmother, Legal Guardian and Power of Attorney for ██████████ a Medicaid recipient.

██████████ stated in 2017 ██████████ received a brain injury that resulted in permanent disability. ██████████ stated ██████████ was partially paralyzed on his right side and required daily assistance to assist with his needs. ██████████ stated she has cared for ██████████ since 2012 after the passing of his mother.

██████████ stated in 2018 she was referred to Rodney Burt and she did not recall who made the referral. ██████████ stated after her initial meeting with Burt his agency began providing services for ██████████ on or around Mother's Day 2018. ██████████ stated initially ██████████ was provided services 7 days a week for 9 hours per day. ██████████ stated after a short period of time Burt informed her the services had been reduced to 5 days a week. ██████████ stated she and ██████████ were residing at 427 South Stewart Street, Apartment 427, Quincy, Florida when ██████████ started receiving the services from Burt. ██████████ stated she has never been to the office of Burt. All interactions with Burt occurred at her home.

██████████ stated on or about February 1, 2019, she terminated the services of Burt based on several reasons. ██████████ stated Burt had promised to carry ██████████ fishing and Burt never fulfilled the promise. ██████████ stated Burt had told ██████████ he was going to get him a birthday present and Burt never did. ██████████ stated ██████████ was upset that Burt did not keep his word. ██████████ also stated a problem arose with a staff member by the name of Sara Jackson and Burt fired Jackson. (*Note: Jackson was working and was not AHCA eligible.*) ██████████ stated she was very pleased with the services provided by Jackson.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] Interview

On December 16, 2019, Your Affiant and LEI Jerrod Rigdon conducted a sworn interview with [REDACTED] the aunt of Medicaid recipient [REDACTED]

[REDACTED] stated she was not the legal guardian of [REDACTED] however she was his aunt. [REDACTED] stated [REDACTED] has lived in her home for many years and [REDACTED] has no other home. [REDACTED] has been diagnosed with a mental development disorder and [REDACTED] is nonverbal.

[REDACTED] stated [REDACTED] receives assistance from a business owned by Rodney Burt. [REDACTED] stated Burt does not provide the direct care for [REDACTED] and she does not recall the name of the person who works with [REDACTED]. [REDACTED] stated almost daily [REDACTED] will ride his bicycle from their home into Crawfordville and spend most of the day "hanging around" the Winn Dixie, McDonald's and a grocery store located near the Centennial Bank. [REDACTED] stated WA's travel times varied throughout the year and he was not on a set time schedule.

[REDACTED] stated the worker assigned to [REDACTED] very seldom comes to their home. [REDACTED] stated it was her understanding that the worker would meet [REDACTED] at one of the previous mentioned locations and provide the services for [REDACTED] while at the location. [REDACTED] stated she did not know if the services were provided or not. [REDACTED] stated back in October of 2019 she contacted Tracey Hatcher, the Support Waiver Coordinator (SWC) for [REDACTED] and requested the service provider be changed because she felt like [REDACTED] was not receiving the proper care. [REDACTED] stated no changes were made.

[REDACTED] was provided the opportunity to review claims submitted by Burt from 1/1/2019 through 11/29/19. [REDACTED] questioned why Burt was billing for Life Skills Development and Homemaker Service on the same days. [REDACTED] stated no one from Burt's business has been in her home to provide [REDACTED] any type of services. [REDACTED] stated [REDACTED] received no weekend services from Burt and questioned the billing for weekends. [REDACTED] stated for the entire month of October 2019 [REDACTED] spent most of his time at the garage of Gary Simmons Jr who lives next door to [REDACTED]. [REDACTED] explained that Simmons had started an auto repair business in his back yard and [REDACTED] enjoyed spending his time at the garage. A review of claims submitted by Burt for October 2019 revealed Burt filed 26 claims for services for 23 days in October 2019. The billing is in direct conflict with the statement provided by [REDACTED]

MFA Kileen Cassidy conducted a review of claims submitted by Burt and provided the following summary:

Rodney Burt billed Medicaid \$68,615.52 for Homemaker Service (S5130), Adult Companion Care (S5135), and Life Skills Development (S5135UC) for [REDACTED] for Service Dates 1/1/16 to 11/29/19.

Burt billed Medicaid \$5,748.28 and was paid \$5,136.68 for weekend Service Dates during the Service Date Range 1/1/16 to 11/30/19.

Burt billed Medicaid \$1,289.92 and was paid \$1,228.60 for services provided to [REDACTED] for Service Dates in October 2019. Total potential over payment of \$6,365.28. Burt billed the Medicaid program \$68,615.52.

[REDACTED] Interview

On January 21, 2020, Your Affiant conducted a sworn recorded interview with Larae [REDACTED] the aunt and guardian for [REDACTED] a Medicaid recipient.

[REDACTED] stated she was the primary caregiver for Mendoza due to issues with the biological mother not being able to provide primary care for the child. [REDACTED] stated Mendoza was diagnosed with Angelman Syndrome and Autism. Angelman syndrome is defined as a genetic disorder characterized by severe intellectual disability, seizures, ataxic gait, jerky movements, lack of speech, microcephaly and frequent smiling and laughter. [REDACTED] stated Mendoza was nonverbal.

[REDACTED] stated she maintained a color-coded calendar on her smart phone that tracked the days Burt provided staff to assist Mendoza. [REDACTED] stated according to her tracking and being very generous with the hours worked each day Burt provided services on the following dates:

- May 2, 4, 6, 9, 11, 13, 16, 18, 20, 23, 25 and 27, 2016.

-June 1 and 3, 2016.

[REDACTED] stated the staff would work about 2 hours per day and no more than about 4 hours per day. [REDACTED] stated the arrangement with Burt did not last long due to the quality of staff that Burt was providing. [REDACTED] stated the few days the staff worked they were late, stayed outside the home smoking and missed workdays. [REDACTED] stated after June 3, 2016, she terminated the working arrangement with Burt. [REDACTED] stated she and her family could provide better services for Mendoza than she was receiving from Burt. [REDACTED] stated after she terminated Burt, she received information that Burt was still billing for services he was not providing. [REDACTED] stated she made at least 3 trips to the office of Burt and never could find him there. [REDACTED] stated she left paperwork in a mailbox out front of the office for Burt to stop the billing. [REDACTED] stated she recalls that maybe Pat Wesson was the person who informed her Burt was billing for services not provided.

Your Affiant provided [REDACTED] the opportunity to review claims submitted by Burt to the Medicaid program for services provided to [REDACTED]. [REDACTED] completed the review and stated Burt only provided services on May 2, 4, 6, 9, 11, 13, 16, 18, 20, 23, 25 and 27, 2016 and June 1 and 3, 2016. [REDACTED] stated on June 5, 2016, she and her family departed for New York state and were gone for about two weeks, and Burt did not provide any services during this time. [REDACTED] reiterated that she was so unhappy with the services provided by Burt the working arrangement with Burt was terminated early, and Burt provided no services after June 3, 2016.

MFA Kileen Cassidy conducted a review of claims submitted by Burt and provided the following summary;

Rodney Burt billed Medicaid \$16,227.12 (including denied and re-billed CMS claims) for services rendered to recipient [REDACTED] and was paid \$6,927.12.

In a sworn, recorded interview with [REDACTED], [REDACTED] identified 14 Service Dates when Burt's staff provided care for [REDACTED] for generally about 2 hours/day and no more than about 4 hours each day.

Burt billed Medicaid and was paid \$6,582.12 for services billed on dates when [REDACTED] indicated that services were not provided.

Burt was paid \$6,087.12 more than if he had billed 14 Service Dates for 4 hours each day. Burt billed the Medicaid program \$16,227.12.

CONCLUSION

Based on the aforementioned facts, your Affiant, Investigator Robert Wester, who being duly sworn, deposes and says that he has reason to believe and does believe that probable cause exists that on or between May 2, 2016 through November 29, 2019 in Leon County and the State of Florida, RODNEY J. BURT did knowingly make, cause to be made, or aid and abet in the making of a claim or claims regarding Medicaid recipients [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] and JTB for items or services that were not authorized to be reimbursed by the Medicaid program, and received or endeavored to receive anything of value of \$50,000 or more, contrary to sections 409.920(2)(a)2. and 409.920.(2)(b)1.c. Florida Statutes. (F1/L9)

Wherefore, your Affiant requests that an Arrest Warrant be issued commanding the Sheriffs of the State of Florida, all or singular, their deputies, the Commissioner of the Florida Department of Law Enforcement, any of his constituted agents, the Attorney General's Medicaid Fraud Control Unit and its duly appointed Law Enforcement Investigators and all Florida Police Officers, with the proper and necessary assistance, to arrest the Defendant, **Rodney J. Burt**.



Robert Wester, Affiant
Law Enforcement Investigator
Medicaid Fraud Control Unit

SWORN TO AND SUBSCRIBED BEFORE ME THIS 14th OF JULY 2020
The foregoing instrument was acknowledged before me in Leon County, Florida by Robert Wester, Law Enforcement Investigator with the Medicaid Fraud Control Unit, who is known to me and who was duly sworn under oath and who did sign the above affidavit.



Notary Public/Law Enforcement Officer