

COMMONWEALTH OF
PENNSYLVANIA
COUNTY OF: PHILADELPHIA

Magisterial District Number: CJC
MDJ: Hon. CRIMINAL JUSTICE CENTER
Address: 1300 FILBERT STREET
PHILADELPHIA, PA 19106
Telephone: (215) 683-7283

POLICE CRIMINAL COMPLAINT
COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT: (NAME and ADDRESS):
CRYSTAL FORMAN
First Name Middle Name Last Name Gen.
90 E LOGAN STREET, 3RD FLOOR
PHILADELPHIA PA 19144

NCIC Extradition Code Type

<input checked="" type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pend.	<input type="checkbox"/> C-Misdemeanor Surrounding States	Distance: _____
<input type="checkbox"/> 2-Felony Ltd.	<input type="checkbox"/> 6-Felony Pend. Extradition Determ.	<input type="checkbox"/> D-Misdemeanor No Extradition	
<input type="checkbox"/> 3-Felony Surrounding States	<input type="checkbox"/> A-Misdemeanor Full	<input type="checkbox"/> E-Misdemeanor Pending	
<input type="checkbox"/> 4-Felony No Ext.	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition Determ.	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number	Date Filed / /	OTN/LiveScan Number	Complaint Number	Incident Number	Request Lab Services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENDER <input type="checkbox"/> Male	DOB 02/16/ 1960	POB		Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>
<input checked="" type="checkbox"/> Female	First Name	Middle Name	Last Name	Gen.	
AKA					
RACE <input type="checkbox"/> White	<input type="checkbox"/> Asian	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown	
ETHNICITY <input type="checkbox"/> Hispanic	<input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown				
HAIR COLOR <input type="checkbox"/> GRY (Gray)	<input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> BLU (Blue)	<input type="checkbox"/> PLE (Purple)	<input type="checkbox"/> BRO (Brown)
<input checked="" type="checkbox"/> BLK (Black)	<input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> WHI (White)	<input type="checkbox"/> XXX (Unk./Bald)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> PNK (Pink)
<input type="checkbox"/> BLN (Blonde / Strawberry)					
EYE COLOR <input type="checkbox"/> BLK (Black)	<input type="checkbox"/> BLU (Blue)	<input checked="" type="checkbox"/> BRO (Brown)	<input type="checkbox"/> GRN (Green)	<input type="checkbox"/> GRY (Gray)	
<input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> MAR (Maroon)	<input type="checkbox"/> PNK (Pink)	<input type="checkbox"/> MUL (Multicolored)	<input type="checkbox"/> XXX (Unknown)	
DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location			WEIGHT (lbs.)	
FBI Number	MNU Number				
Defendant Fingerprinted <input type="checkbox"/> YES <input type="checkbox"/> NO				HT (in.)	
Fingerprint Classification				5	0
DEFENDANT VEHICLE INFORMATION					
Plate #	State	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY)	Comm'l Veh. Ind. <input type="checkbox"/>	School Veh. <input type="checkbox"/>
VIN	Year	Make	Model	Style	Color
Reg. same as Def. <input type="checkbox"/>					

Office of the attorney for the Commonwealth Approved Disapproved because:

(The attorney for the Commonwealth may require that the complaint/arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

SDAG SUSANN SHORE

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

6/11/24

(Date)

I, NICOLE TOMLINSON (Name of the Affiant)	BADGE 576 (PSP/MPOETC-Assigned Affiant ID Number & Badge #)
of PENNSYLVANIA OFFICE OF ATTORNEY GENERAL (Identify Department or Agency Represented and Political Subdivision)	PA00222400 (Police Agency ORI Number)
do hereby state: (check appropriate box)	
1. <input checked="" type="checkbox"/> I accuse the above named defendant who lives at the address set forth above <input type="checkbox"/> I accuse the defendant whose name is unknown to me but who is described as _____	
<input type="checkbox"/> I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe with violating the penal laws of the Commonwealth of Pennsylvania at [301] 5924 N. BROAD STREET PHILADELPHIA PA 19141 (Subdivision Code) (Place-Political Subdivision)	
in <u>PHILADELPHIA</u> County [51] on or about SEPTEMBER 2, 2019 THROUGH FEBRUARY 4, 2023 (County Code) (Offense Date)	

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230038116F	Incident Number
Defendant Name	First: CRYSTAL	Middle:	Last: FORMAN	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.

(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
------------------	--	---	---	---

<input checked="" type="checkbox"/> 1	1407	A(1) <i>of the</i>	Title 62	1	F3	2699	110
Lead? Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	_____	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
------------------------------	-----------------	-------	-------------------------------------	--------------------------------------	------------------------------------

Statute Description (include the name of statute or ordinance):

MEDICAID FRAUD - SUBMISSION OF FALSE INFORMATION

Acts of the accused associated with this Offense:

One continuous count of knowingly or intentionally submitting false information for the purpose of receiving greater compensation than entitled to receive under the Medical Assistance Program.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
------------------	--	---	---	---

<input type="checkbox"/> 2	1407	A(4) <i>of the</i>	Title 62	1	F3	2699	110
Lead? Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	_____	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
------------------------------	-----------------	-------	-------------------------------------	--------------------------------------	------------------------------------

Statute Description (include the name of statute or ordinance):

MEDICAID FRAUD - SERVICES NOT RENDERED

Acts of the accused associated with this Offense:

One continuous count of knowingly or intentionally submitting, or causing to be submitted, a claim for services which were not rendered to a recipient under the Medical Assistance Program.

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____
------------------	--	---	---	---

<input type="checkbox"/> 3	1407	A(7) <i>of the</i>	Title 62	1	F3	2699	110
Lead? Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code

PennDOT Data (if applicable)	Accident Number	_____	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone
------------------------------	-----------------	-------	-------------------------------------	--------------------------------------	------------------------------------

Statute Description (include the name of statute or ordinance):

MEDICAID FRAUD - MISREPRESENTATION

Acts of the accused associated with this Offense:

One continuous count of knowingly or intentionally submitting, or causing to be submitted, a claim which misrepresented the description of services provided; the dates of services, the identity of the recipient or the actual provider under the Medical Assistance Program.

[Handwritten Signature]

 POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230038116F	Incident Number
Defendant Name	First: CRYSTAL	Middle:	Last: FORMAN	

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.

(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
Lead? Offense#	4	Section	A(12)	of the	Title 62	1	F3	2699	110
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	UCR/NIBRS Code	
Statute Description (include the name of statute or ordinance): MEDICAID FRAUD - CONSPIRACY									
Acts of the accused associated with this Offense: One continuous count of entering into agreement, combination or conspiracy to obtain or aid another to obtain reimbursement or payment for which there is not entitlement.									

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
Lead? Offense#	5	Section	A(1)	of the	Title 18	1	F3	2399	110
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	UCR/NIBRS Code	
Statute Description (include the name of statute or ordinance): THEFT BY DECEPTION									
Acts of the accused associated with this Offense: One continuous count of intentionally obtaining or withholding property of another by creating or reinforcing a false impression, including false impressions as to law, value, intention, or other state of mind causing the theft of Medical Assistance funds of greater than \$2,000.									

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input checked="" type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____					
Lead? Offense#	6	Section	A(1)	of the	Title 18	1	F3	2399	110
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	UCR/NIBRS Code	
Statute Description (include the name of statute or ordinance): CONSPIRACY TO COMMIT THEFT BY DECEPTION									
Acts of the accused associated with this Offense: One continuous count of entering into a conspiracy to intentionally obtain or withhold property of another by creating or reinforcing a false impression, including false impressions as to law, value, intention, or other state of mind causing the theft of Medical Assistance funds of greater than \$2,000.									

[Handwritten Signature]

POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230038116F	Incident Number
Defendant Name:	First: CRYSTAL	Middle:	Last: FORMAN	

2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.

3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

4. This complaint consists of the preceding page(s) numbered 1 through 3.

5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.

(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

June 14th
(Date)

2024
(Year)

McCullough
(Signature of Affiant)

AND NOW, on this date

June 14 2024

I certify that the complaint has been properly completed and verified.

CJC
(Magisterial District Court Number)

McCullough
(Issuing Authority)

SEAL

 POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230038116F	Incident Number
Defendant Name	First: CRYSTAL	Middle: Middle	Last: FORMAN	

AFFIDAVIT of PROBABLE CAUSE

Your Affiant, Nicole Tomlinson, Badge Number 576, is a sworn Special Agent with the Pennsylvania Office of Attorney General (PA OAG), Bureau of Criminal Investigations, Medicaid Fraud Control Section, located at 1000 Madison Avenue, Suite 310, Norristown, PA 19403.

Your Affiant was assigned to investigate allegations of Medicaid fraud committed by Direct Care Worker (DCW) Jacqueline Forman (Jacqueline). A complaint was submitted through the PA OAG fraud tip line alleging that Jacqueline claims to provide DCW services to her mother, Crystal Forman (Crystal), that are not actually provided because Jacqueline works as a travel nurse and was on assignment at a medical facility in Idaho as of December 2022. While physically working in Idaho, time was submitted to the agency tasked with overseeing Crystal's DCW services indicating that Jacqueline provided 12 hours of daily care to Crystal who was physically in Philadelphia. The allegation added that Crystal and Jacqueline split the earnings, as Crystal does not actually need the services and can care for herself.

Crystal is a Medicaid (also known as Medical Assistance or "MA") recipient who was approved to receive DCW hours through the Pennsylvania Department of Human Services' Community Health Choices Waiver Program (CHC Waiver). The CHC Waiver program allows those who require nursing facility level of care to live in the community and be as independent as possible. One of the services available under the waiver is a DCW who assists with activities of daily living. The CHC Waiver Program requires MA recipients to select a Managed Care Organization (MCO) to administer their MA benefits. DCWs submit timekeeping records for the services they provide to the agency with whom they are employed. The agency then submits claims to the MCOs based on those records and the respective MCO issues payment to the agencies using Medicaid funds. Crystal chose AmeriHealth as her MCO. The agency tasked with overseeing Crystal's DCW services has been Pristine Home Care LLC (Pristine) since 2019. Pristine is located at 5924 N. Broad Street, Philadelphia, PA 19141.

Your Affiant obtained records from Pristine which included employee records on Jacqueline and recipient records on Crystal. These records included the shift data submitted in the form of both time sheets and Electronic Visit Verification (EVV) entries. EVV is electronically collected time submissions made by DCWs to digitally record and submit the hours of services provided. Your Affiant's investigation revealed that while working as a DCW for Crystal, Jacqueline was also employed by Prime Time Healthcare, a medical staffing agency that assigned Jacqueline to various facilities. Prime Time Healthcare provided your Affiant with Jacqueline's time sheets. The records revealed that Jacqueline worked at the Life Care Center of Boise in Idaho between October 27, 2022 and December 22, 2022, as well as at the Souderton Mennonite Homes in Souderton, PA between August 31, 2022 and October 22, 2022 and the Lutheran Home in Topton, PA between January 16, 2023 and February 4, 2023. Your Affiant compared the dates and times worked by Jacqueline on these assignments to the dates and times she submitted to Pristine for hours of DCW services purportedly provided to Crystal and found that Jacqueline could not have provided at least 716.5 of the hours submitted to Pristine during this time frame because she was physically at another job. This number only accounts for time that overlaps her Prime Time Healthcare shifts.

Your Affiant obtained a Search Warrant for Jacqueline's bank records from Police and Fire Federal Credit Union and upon receipt, found consistent transactions incurred in Idaho over the time frame where she was working at the Life Center of Boise, confirming that she was staying in Idaho between at least October 27, 2022 and December 22, 2022.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230038116F	Incident Number
Defendant Name	First: CRYSTAL	Middle: Middle	Last: FORMAN	

AFFIDAVIT of PROBABLE CAUSE

The investigation revealed that Jacqueline was also employed previously with Bala Nursing and Rehabilitation Center (Bala). Therefore, your Affiant also obtained records from Bala and compared the shifts worked by Jacqueline there with the times she was claiming to provide services to Crystal. Your Affiant found that between September 2, 2019 and May 31, 2020, Jacqueline and Crystal signed time sheets and EVV entries were made submitting approximately 700.25 hours to Pristine for DCW services purportedly provided to Crystal that could not have occurred as Jacqueline was physically working at Bala.

Lastly, your Affiant reviewed the Pristine records pertaining to Crystal as a recipient and found several "Consumer Evaluation of DCW" forms (for years 2019, 2021 and 2022) where Crystal signed off that Jacqueline "arrives on time", "follows all scheduled visits", and has not asked for Crystal to "sign an incomplete time sheet". Crystal also selected "no" when asked if the "DCW ever documented time they did not work or tasks they did not perform." Pristine's supervision visit notes indicate that home visits were completed every April and October for the years 2019, 2020, 2021 and 2022 and all but one note is marked as "aide not present." The one not marked, however, does not have "aide present" selected either. These forms are signed by Crystal and indicates her confirmation that her DCW arrives on time, stays the required amount of time and follows the care plan. Monthly follow up call notes also consistently list Crystal as reporting satisfaction with her DCW, reports that her DCW is performing all tasks and that she has no concerns to report. Both Jacqueline and Crystal signed paper timesheets submitted to Pristine for alleged care provided to Crystal between September 2019 and May 2020 and all EVV submissions were made from phone number 267-596-3201. As per both Jacqueline's and Crystal's files, the aforementioned belongs to Crystal.

In total, Jacqueline and Crystal, as a principal, accomplice, or co-conspirator, submitted time to Pristine for at least 1,416.75 hours of DCW services that could not have been provided as she was physically at another job. Crystal consistently reported to Pristine (in writing, over the phone and in person) that Jacqueline was providing all needed services and that her time submissions were accurate, which further allowed this to continue over the years. Overall, these actions caused Medicaid to pay out approximately \$29,311.86 to Pristine for services that were not rendered. Your Affiant reviewed the payroll records from Pristine and found that Pristine paid Jacqueline for all DCW hours submitted, all of which were paid by AmeriHealth using MA funds during the aforementioned time frames.

On April 1, 2024, your Affiant interviewed Jacqueline who confirmed that she became employed with Pristine as a DCW for Crystal in 2019 and, during that time, would submit time sheets with her hours for payment. She reported that Crystal would sign off on the time sheets confirming the services and that the hours listed on the time sheets were the accurate hours she provided services. Jacqueline also confirmed during this interview, among other things, that she did work as a traveling nurse through Prime Time Healthcare, including an assignment in Idaho, during times when submissions were made for hours of care provided to her mother.



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint Number MFI230038116F	Incident Number
Defendant Name	First: CRYSTAL	Middle: Middle	Last: FORMAN	

AFFIDAVIT of PROBABLE CAUSE

I, NICOLE TOMLINSON, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

(Signature of Affiant)

Sworn to me and subscribed before me this

day of JUNE 2024

, Magisterial District Judge

My commission expires first Monday of January

SEAL



Please provide the following information for each co-defendant.

Co-Defendant Data Sheet

Docket Number:	Date Filed:	OTN/LiveScan Number	Complaint/Incident Number
Defendant Name	First:	Middle:	Last:
	Crystal		MFT230038-116F

Complaint/Incident Number	Co-Defendant # 1
Jacqueline Forman	
(Name)	
5153 Akron Street	
(Home Street Address)	
Philadelphia, PA 19124	(267) 699-6277
(City, State, & ZIP Code)	(Telephone #)

Complaint/Incident Number	Co-Defendant #
(Name)	
(Home Street Address)	
(City, State, & ZIP Code)	(Telephone #)

Complaint/Incident Number	Co-Defendant #
(Name)	
(Home Street Address)	
(City, State, & ZIP Code)	(Telephone #)

Complaint/Incident Number	Co-Defendant #
(Name)	
(Home Street Address)	
(City, State, & ZIP Code)	(Telephone #)