Filed in District Court
State of Minnesota
11/24/2026

State of Minnesota
County of Hennepin

District Court
4th Judicial District

Prosecutor File No. 33.IM74.0227
Court File No. 27-CR-26-30921

State of Minnesota,

Plaintiff,

vs.

RITA SHARAWN WILLIAMS DOB: 03/29/1963

7316 Fir Lane
Corcoran, MN 55340

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: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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): 04/22/2025 to 10/21/2025

Control #(ICR#): 20250013

Charge Description: On or about warrant dates April 22, 2025 and October 21, 2025 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $379,370.05 to CBD Healthcare, LLC.

COUNT II

Charge: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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

Filed in District Court
State of Minnesota
11/24/2026

Offense Date (on or about): 10/22/2024 to 04/08/2025

Control #(ICR#): 20250013

Charge Description: On or about warrant dates October 22, 2024 and April 8, 2025 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $378,604.46 to CBD Healthcare, LLC.

COUNT III

Charge: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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): 05/21/2024 to 10/08/2024

Control #(ICR#): 20250013

Charge Description: On or about warrant dates May 21, 2024 and October 8, 2024 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $758,306.81 to CBD Healthcare, LLC.

COUNT IV

Charge: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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): 07/18/2023 to 01/17/2024

Control #(ICR#): 20250013

Charge Description: On or about warrant dates July 18, 2023 and January 17, 2024 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a

third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $147,444.88 to CBD Healthcare, LLC.

COUNT V

Charge: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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): 01/18/2023 to 07/05/2023

Control #(ICR#): 20250013

Charge Description: On or about warrant dates January 18, 2023 and July 5, 2023 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $255,576.96 to CBD Healthcare, LLC.

COUNT VI

Charge: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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): 07/06/2022 to 01/04/2023

Control #(ICR#): 20250013

Charge Description: On or about warrant dates July 6, 2022 and January 4, 2023 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency

CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $219,925.18 to CBD Healthcare, LLC.

COUNT VII

Charge: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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): 01/04/2022 to 06/22/2022

Control #(ICR#): 20250013

Charge Description: On or about warrant dates January 4, 2022 and June 22, 2022 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $166,036.80 to CBD Healthcare, LLC.

COUNT VIII

Charge: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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): 06/22/2021 to 12/21/2021

Control #(ICR#): 20250013

Charge Description: On or about warrant dates June 22, 2021 and December 21, 2021 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $194,458.76 to CBD Healthcare, LLC.

COUNT IX

Filed in District Court
State of Minnesota
11/24/2026

Charge: Aid & Abet Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 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): 12/22/2020 to 06/08/2021

Control #(ICR#): 20250013

Charge Description: On or about warrant dates December 22, 2020 and June 8, 2021 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $35,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $192,629.92 to CBD Healthcare, LLC.

COUNT X

Charge: Aiding and Abetting Theft by False Representation (over $5,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.05.1, 609.52.3(2)
Maximum Sentence: Imprisonment of no more than 10 years, or payment of a fine of no more than $20,000, or both.
Offense Level: Felony

Offense Date (on or about): 11/24/2020 to 12/08/2020

Control #(ICR#): 20250013

Charge Description: On or about warrant dates November 24, 2020 and December 8, 2020 in Hennepin County, State of Minnesota, Defendant FREDIE ENOTIE OGIUGA (DOB 5/29/1964) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceive a third person with a false representation which is known to be false, made with intent to defraud, and which does defraud the person to whom it is made, through the preparation or filing of a claim for reimbursement, a rate application, or a cost report used to establish a rate or claim for payment for medical care provided to a recipient of medical assistance under chapter 256B, which intentionally and falsely stated the costs of or actual services provided by a vendor of medical care, and the value of the property obtained was over $5,000, to wit: Defendant caused claims to be submitted through his agency CBD Healthcare, LLC for Medicaid-funded health care services that were not provided according to law and obtained funds from the Minnesota Department of Human Services, who, in reliance on the fraudulent claims, gave up possession of $30,938.88 to CBD Healthcare, LLC.

Filed in District Court
State of Minnesota
11/24/2026

Your affiant, Sarah Isakson, is a Nurse Investigator with the Medicaid Fraud Control Unit (MFCU) of the Minnesota Attorney General's Office. As a Nurse Investigator for the MFCU, I investigate allegations of billing fraud by health care agencies and providers enrolled in the Minnesota Medical Assistance (Medicaid) program. In this capacity, I investigated Choices By Design, LLC (CBD), owned 50% by Fredie Enotie Ogiuga (Ogiuga) and owned 50% by Rita Sharawn Williams (Williams) hereinafter (Defendants). CBD is a Medicaid-enrolled comprehensive home health care agency with community-based services designation. CBD alleged to provide Home Care Nursing Services (HCN), Home and Community Based Waivered Services, and Personal Care Assistant Services (PCA). For this complaint, I focused on the HCN services. Through CBD, Defendants defrauded the Medicaid program by submitting claims for HCN services that were not provided in accordance with the law. Based on these fraudulent claims, Defendants through CBD unlawfully received $2,723,292.70 in Medicaid funds.

I. The Medicaid Program.

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

CBD is licensed through the Minnesota Department of Health (MDH) as a comprehensive home care agency (CHCA). Applicants and licensed providers of CHCA's must understand Minnesota home care laws. The MDH website also states: "to be eligible for a home care license, applicants must have agency-specific policies and procedures in place that address all requirements of Minnesota home care statutes." Additionally, a provider agreement was signed by Williams agreeing to various rules that a provider needs to follow such as "comply with all federal and state statutes and rules relating to the delivery of services to individuals and to the submission of claims for such services" and "assume full responsibility for the accuracy of claims submitted to DHS in accordance with the certification requirements of 42 CFR 455.18 and Minnesota Statutes 256B.27, subd, 2."

A. Home Care Nursing.

The Medicaid program covers HCN. HCN services are physician-ordered hourly nursing services, for a recipient whose health condition requires greater skill than unlicensed professionals (ULPs) such as a PCA or a Home Health Aide (HHA), can provide.

HCN services must be provided by a registered nurse (RN) or licensed practical nurse (LPN) within the scope of his or her practice. Recipients may also qualify for shared HCN services which allow recipients to receive services in the same setting from the same nurse. HCN services must be documented, so it is clear what services were done and the time the service was done. This is essential for the health of a patient; if not documented, a recipient may be given a dose of medication at the wrong time, or timely care may be missed, causing harm to the recipient.

RN claims and LPN claims are reimbursed at different rates. RN claims are reimbursed at a higher rate than LPN claims. Additionally, regular 1:1 care (one RN/LPN with one recipient) is reimbursed at a higher rate than shared 1:2 care (one RN/LPN with two or more recipients). HCN care cannot be provided by someone who is not an RN or an LPN. HCN services are reimbursed at a significantly higher rate than

Filed in District Court
State of Minnesota
11/24/2026

PCA or HHA services.

B. Services Agencies.

A recipient who qualifies for HCN services may hire a Services 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 RNs, LPNs, and other workers to provide the necessary services at the home of the recipient, and the Agency contracts with the DHS to provide the services to the recipient.

An Agency is required by the DHS to ensure the accuracy of the timesheets submitted by the RN or LPN. Using the data from electronic staffing software or from physical 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 units (one unit is 15 minutes) by a predetermined reimbursement rate.

Agencies are required to retain all health service and financial records relating to Medicaid claims for at least five years after the initial billing. These records include, but are not limited to, the following: appointment books, financial records, billing records, prior authorizations, care plans, and documentation of the services provided.

II. Choices By Design, LLC.

Defendants opened CBD in 2001. Defendant's co-own CBD 50/50. In addition to being owners of CBD, Ogiugo is the CEO, Chief Nursing Officer, and an RN, and Williams is the Administrator. Both Defendants confirmed all of this with me in an interview.

CBD provides HCN services to recipients who live in three different residential homes. The homes each house two to five recipients, resulting in a total census of recipients typically between nine and ten. The recipients pay monthly rent, which covers room and board. One of the homes is owned by CBD, the other two are owned by family members of Williams. In 2023, CBD licensed these homes as Assisted Living (AL) facilities. However, CBD never billed for any AL services, instead they continued to bill HCN services for the recipients living in these facilities.

According to an employee roster and background study reports CBD filed with the Minnesota DHS, between 2020-2026, CBD had two licensed nurses (RNs) on staff and no LPN's on staff.

In addition to HCN services, CBD is licensed to provide PCA services, homemaking services, companion care, and other types of services to individuals living in the community. These services comprise a significant portion of CBD's overall business. CBD bills different billing codes for these categories of care. This illustrates that Williams and Ogiguo are knowledgeable about billing differences and rules for the many different services their company provided.

a. Information Requests and Review.

I requested various documents to review CBD's business practices. A review of claims documents revealed that every resident who received HCN services from CBD received 15+ hours of regular LPN or RN services per day. A review of these recipient's Medical Assistance Home Care Service Agreements confirmed this fact. From my RN training and experience, this was unusually high. This indicated to me that these recipients had a very high level of medical complexity requiring close, dedicated monitoring of a licensed nurse. A review of background study documents indicated that since 2020, CBD had no LPNs on

staff and only one RN other than Ogiugo himself. I knew that this staffing did not compute with 15+ hours per day of billed HCN services, across many medically high need recipients, across three homes. It would be impossible to provide that care with two RN's and no LPN's. CBD would have needed to have many RN and/or LPN's on staff to provide the care they were billing.

I reviewed staffing documents of the CBD homes. These showed that the three houses were typically staffed with one, sometimes two, HHAs or PCAs 24 hours per day. I know that HHAs cannot provide HCN services. Upon review, I saw that in one years' time, a CBD home had all but 32 8-hour shifts staffed by only one worker. It appeared to me that only eight shifts in total were staffed by an RN, Ogiugo. Even then, Ogiugo was assigned to care for all four residents; care that CBD billed as regular 1:1 HCN when it was clearly shared care (1:4) and would have been reimbursed at a significantly lower amount. Not only did CBD fail to provide each recipient with the dedicated hours of care outlined in their service agreement, but a vast majority of the time, these shared care hours were provided by HHAs or PCAs versus LPNs.

I reviewed the CBD recipient files. This revealed several items that were inconsistent with the fact that the recipients required 15+ hours of dedicated nursing care per day. The recipients had varying levels of medical needs. Some residents were independent, evidenced by the fact that they cooked food independently, spent time unsupervised in their bedrooms, and left the facility independently to spend time with friends or even to attend a job. Other residents required total assistance with bathing, feeding, transferring, and incontinence management. One recipient required both trach suctioning and feeding tube management. However, according to a charting and staffing assignments review, even for the patients with higher needs, care was primarily provided by HHAs or PCAs even though CBD was billing it as HCN services and receiving a higher reimbursement rate.

A review of recipient Home Health Certification and Plan of Care paperwork revealed that Ogiugo acted as the nurse assessor for CBD and was responsible for determining the level of caregiver needed (LPN, RN, PCA, HHA) and the amount of time (number of hours) required to provide the care outlined in the recipient's plan of care. Ogiugo requested approval for 15+ hours of LPN or RN care per day for each recipient despite the very basic care plans that would not corroborate this level of care. These requests were approved on an annual basis. From my training and experience, many of these recipients did not need this level of care, and Ogiugo grossly overstated the hours of care to receive more money for CBD.

According to DHS, in order for a HCN recipient to qualify for HCN services (LPN or RN), they must require more individual and continuous care than can be provided during a single skilled or twice-daily skilled nurse visit or when care requires greater skill than a HHA or PCA can provide. Examples of when LPN or RN services are required for a recipient of HCN services include the administration of continuous intravenous medications, intermittent suction of a tracheostomy, and complex sterile dressing changes. If four recipients resided in the same home and were each approved for regular (not shared) LPN or RN services, each recipient would be cared for by a separate nurse for the approved number of hours.

As a part of the HCN approval process, a licensed medical provider (MD, APRN or PA) must first order the specific treatments needed by the recipient including how often and for how long. Next, the agency nurse will determine the level of caregiver needed (PCA, HHA, LPN or RN) and the number of minutes/hours required for that caregiver to complete these orders based on professional judgement. Ogiugo, the only full-time licensed nurse working for CBD, completed this component of the home care assessment for all recipients. Ogiugo would then provide the recipient's medical provider with a general summary of the recipient's needs to review and sign. However, this document did not outline specifics like how many hours of HCN services were requested and what level of caregiver was requested. Interviews with medical providers confirmed they were unaware of the extended hours of nursing care their patients were receiving from CBD and that their patients did not require this level of care.

Filed in District Court
State of Minnesota
11/24/2026

III. Defendant Interviews.

I briefly interviewed Defendants separately, with their at the time legal counsel present. They told me the following before invoking their fifth amendment rights.

a. Williams.

Williams told me her role in CBD was being responsible for the paperwork, policies, and intakes. Williams told me Ogiugo was responsible for the nursing department, including staffing and training. Williams told me that her daughter, Zaviera Williams, was the CBD biller, and that her son, Mistor Owens, was the office assistant who completed background studies, ran the website, and handled job applications.
I asked Williams about the houses where the HCN recipients resided. Williams told me there were ULPs that were trained by Ogiugo that worked at the homes. Williams said there were two people on each shift, for 24-hours per day at each home. Williams confirmed that the only full-time RN was Ogiugo, and that there was a part-time RN, Roselyn Nkwocha. Williams confirmed CBD did not employ any LPNs. I told Williams that CBD was receiving reimbursement for each recipient between 15-16 hours of LPN services, but that there were no LPNs on staff. Williams said that this care was provided by Ogiugo and "his staff." Williams then said, "it what we always, like, done it that way."

b. Ogiugo.

Ogiugo stated he was the CBD Director of Nursing. In this role, he stated he did the resident assessments and visited the residents at the facility, while Williams did the paperwork. Ogiugo stated for the recipients of HCN services, he was responsible for "managing" the residents. Ogiugo said he was the only full-time nurse and that there was another part-time nurse who worked one day per week and as backup when needed. Ogiugo stated that CBD does not have LPNs to work with every recipient because otherwise "how do I cover my overhead?" I took this to mean Ogiugo knew he was over-billing for LPN services to provide extra funds for overhead costs, even though the LPN care was not being provided.

III. Interviews.

I interviewed many former CBD employees, recipients, recipients' family members, and healthcare professionals.

Akou Messanvi (Messanvi) was formerly employed as a PCA at CBD. Messanvi worked at CBD from October 2022 until January 2023. She worked at one of the homes that housed four recipients until one moved, and then there were three. As a PCA for CBD, she explained that she administered medication, did resident cares, cooked, and cleaned. Ogiugo trained her when she first started. When asked if Messanvi saw the recipients receiving 10+ hours of 1:1 nursing care per day, she stated two recipients were independent, and one of those recipients worked a job multiple days per week and was not home. Messanvi said this recipient received minimal care. Messanvi only knew Ogiugo as the sole nurse on CBD staff that she sometimes saw at the CBD house she worked at, and he would sometimes come to the house to administer specific types of medications or assist in medical treatments 3-4 days per week.

Blessing Sally (Sally) worked as a HHA at CBD from November 2023 until April 2024. Sally told me that Ogiugo trained her. Sally said Ogiugo was often at the CBD house she worked at. Sally said she left CBD because her and another employee raised concerns about some staff, including Ogiugo, about leaving the house unkept and residents unprepared for oncoming shifts. Sally said she was taught in training not to do this. Sally said that Ogiugo, who she referred to as her boss, was so angry that Sally confronted him he told her, "If I spit on the floor, you will clean it." Sally said it hurt her feelings and she cried. Sally said she loved

the work and her coworkers and residents, but she felt too disrespected by Oguigo to stay. When Sally put in her two-week notice, Oguigo told her she did not need to come back.

Amelia Vang (Vang), a physician assistant, was the primary care provider for CBD recipient L.O. (Medicaid recipients are referred to by initials for confidentiality). Vang said that L.O. was very "independent" while still needing reminders to take medication, to use her walker, and when medical appointments were. Vang did not feel like L.O. needed close monitoring for any reason. Vang last saw L.O. in April of 2026 where L.O. attended her appointment independently. Vang had not met or communicated with any CBD staff members. Vang was unaware that L.O. was purportedly receiving 15 hours of nursing care per day.

Dr. Mary Erickson (Erickson) was the primary care physician for recipient A.M. When I told Dr. Erickson that A.M. was purportedly receiving 15 hours of LPN services per day, she told me that she did not think A.M. needed that much care. Dr. Erickson said that A.M. had a mental health diagnoses that affected socialization so an environment with support was great for him, but that he had no needs that would require this level of nursing support because he was not incontinent and he was ambulatory. Dr. Erickson checked A.M.'s file and found it odd that there were not monthly documents from CBD because most of her skilled nursing patients required monthly updates and signatures from Dr. Erickson herself. She said she did not receive monthly signature requests for A.M. Dr. Erickson found a document from CBD in his file from 2022-2023 and after reviewing it, Dr. Erickson confirmed that the interventions listed on that care plan should have been done by a lower-level caregiver such as a PCA, not a nurse or LPN.

I spoke with A.M.'s mom, Lorri Mackenthun (Mackenthun) who said it was "very strange" upon learning that A.M. was getting 15 hours of LPN services. When she had visited A.M. at the home, Mackenthun said she only saw one worker there for all recipients and she assumed all the workers were PCAs. Mackenthun said she had never been in contact with nurses from CBD.

I spoke with E.W., a former recipient of CBD. When I first mentioned CBD, he initially said, "they were not good" and "they were very abusive." When I asked why, he detailed how at one time he fell out of his wheelchair, and they would not help him get back up. He also said no one helped him with showering, so he had to do it himself and it was difficult. E.W. said the CBD staff rarely cooked meals for the recipients, would not take the recipients to the doctors' appointments even though they had a transport van, and felt as if he was "left" in the basement room and forgotten about. E.W. said he thought Ogiugo was the manager of the house or one of the owners of CBD. E.W. said Ogiugo did not provide any care to him. E.W. said that Williams cooked and cleaned and would assist with caregiving tasks. E.W. said one time, Williams yelled at a recipient for soiling himself and described Williams as "just not nice." When I told E.W. that CBD was billing for 13+ hours of 1:1 nursing care for his services, he responded "no, no, no." He explained there was only one nurse, and when she worked, she cared for all four residents of the house at one time. He said he thought the nurse tasks were being delegated to other workers (likeHHAs) at the residence.

I spoke with Sandra Opokua (Opokua), a case manager for CBD recipient L.O. Opokua said she travelled to L.O.'s CBD residence for 2-3 routine onsite assessments and did not meet or see any nurses there. Opokua always saw one staff member caring for all residents, and she believed they were a PCA. Opokua was concerned that L.O. was purportedly receiving 16 hours of LPN services. Opokua said she believed LPN services were for people that had more serious issues that L.O. did not have. Opokua spoke to her supervisor about this situation and the supervisor then spoke to Oguigo, who tried to explain it away. Opokua said she and her supervisor still did not think the rationale made sense so they filed a report due to the excessive hours of LPN services L.O. was purportedly receiving. When Opokua and her supervisor asked for more documentation from CBD, Oguigo said they could contact the CBD business attorney.

IV. Investigation And Fraud Determination.

I served administrative subpoenas to T-Mobile and Verizon to confirm the phone number 763-614-4574 belonged to Williams and 763-442-4096 belonged to Ogiugo. The subscriber records confirmed these numbers were used to communicate between the owners and with other staff members for business related emails and text messages.

I then executed a premises search warrant on September 15, 2026, at the CBD office located at 10650 County Rd 81 #222A, Maple Grove, MN 55369. The intent of the premises search warrant was to seize the recipient files and staffing documents from 2020-2026 for my investigation. From my training and experience, I know that Medicaid providers have to maintain "medical, health care, and financial records" for five years. We recovered no house staffing documents. These documents are vital to obtain for five years and were needed for my investigation to see who was purporting to provide care at which house and to which recipients.

I then analyzed everything to make a fraud determination. This resulted in two fraud theories: billing without documentation, and billing for a level of care that was not provided (and very likely exaggerated to obtain more money to begin with).

b. Lack of statutory required documentation.

After reviewing all documents I had recovered, I was missing many years' worth of records. Without these documents, there is no way to see what staff were alleging to provide services to what recipients, and what the services were. In calculating overpayment, instead of counting every claim line as overpayment where I could not corroborate any documentation with it, I used this as a secondary fraud reason.

c. Overbilling: Defendants, through CBD, billed for HCN services provided by an LPN or RN when they were provided by PCAs or HHAs.

An example of these fraud theories can be illustrated through recipient L.O. L.O. is a 56-year-old with a past medical history including schizoaffective disorder, Type 2 diabetes mellitus, and anxiety. The plan of care for L.O. created by Ogiugo only included routine daily tasks that could be completed by PCAs or HHAs. Examples of interventions outlined in the plan of care included daily application of lotion to dry skin, keeping hearing aids charged, administering routine medication, encouraging L.O. to rest their legs when in the community to prevent falls, and encouraging L.O. to discuss feelings of anxiety. None of the interventions listed on L.O.'s care plan needed to be done by a licensed LPN instead of a PCA or HHA. Furthermore, L.O.'s case worker told me that they did not need LPN services. Nonetheless, CBD billed for solely LPN services for L.O.

The documentation at CBD further reflected that L.O. independently left the residence for eight or more hours at a time to spend time with friends, using public transportation to go to the bank and shopping, and working part-time at a local grocery store. Nothing in the medical records indicated that L.O. required the 15.25 hours per day of LPN services they were approved to receive. Reviewing medical claims, CBD was paid for regular 1:1 HCN level of service for L.O. since 2019. Using the 2025 regular LPN HCNs reimbursement rate of $39.48 per hour, CBD was paid $602.07 per day for L.O.'s care for over six years. Care that L.O. was not getting; CBD had no LPN's on staff to even provide this alleged care, and L.O. frankly did not need this level of care. It was all part of Ogingo's plan to receive more money for services not rendered as reported. Instead of these recipients receiving their billed 15+ hours of 1:1 LPN or RN time, they were getting care from HHAs or PCAs that were caring for multiple recipients at the same time.

V. Defendants' Fraud Calculation.

Filed in District Court
State of Minnesota
11/24/2026

Between 11/24/2020 through 10/21/2025 Defendants, through their agency CBD, submitted fraudulent claims for HCN services that did not occur in accordance with the law.

To calculate the overpayment, I looked at the number of billed LPN/RN hours and subtracted the allowed billable rate of a PCA providing the services. Instead of counting the entire claim line as overpayment due to lack of documentation and grossly inflating the services, I decided to give credit for care, but at the rate it should have been billed at being provided by a ULP. For example:

• On 1/1/2023, CBD received payment for a claim that was submitted reporting a recipient received 60 units (15 hours) of LPN services. CBD was reimbursed $432.60 for these LPN services. We know these LPN services were not provided, because CBD never had any LPNs on staff.
• I calculated the equivalent units of an appropriate billable rate for this claim line, with the units being provided by someone like a PCA. (60 units x PCA pay per unit $4.90 = $294.00). The total for PCA reimbursement was subtracted from the actual reimbursement received for purported LPN care ($432.60 - $294.00 = $138.60). This is the calculated amount of over payment for that recipient on 1/1/2023.
o This calculation gives credit for CBD providing regular 1:1 PCA services despite the fact that the residents were receiving shared care.

Below are the hourly reimbursement rates and their differences. Note: In 2023-2024, CBD was billing and receiving payment for regular 1:1 RN HCN for one recipient.

• 2020
o PCA: $17.80 – increased to $19.60 10/1/2020
o LPN: $26.76

• 2021
o PCA: $19.60
o LPN: $26.76

• 2022
o PCA: $19.60
o LPN: $28.84

• 2023
o PCA: $19.60
o LPN: $29.72
o RN: $38.68

• 2024
o PCA: $23.80
o LPN: $38.28
o RN: $49.84

• 2025
o PCA: $24.84
o LPN: $39.48

IV. Conclusion.

From 11/24/2020 through 10/21/2025, on behalf of CBD, Defendants submitted or directed the submission

Filed in District Court
State of Minnesota
11/24/2026

of claims for services that were not provided in accordance with Minnesota law for multiple reasons. Each line that MFCU investigators learned was a crime is listed on an excel spreadsheet, the charging spreadsheet. The spreadsheet has notes of why each claim line on the spreadsheet was determined to be false. The spreadsheet detailing each fraudulent claim shows that Medicaid paid $2,723,292.70 to CBD based upon the fraudulent claims submitted. Aggregated into six month charging periods by warrant date (the date the claim was paid), Defendants aided and abetted in fraudulent schemes and caused the Medicaid program to overpay as follows:

Count	Warrant Dates	Overpayment
1	4/22/2025 – 10/21/2025	$ 379,370.05
2	10/22/2024 – 4/8/2025	$ 378,604.46
3	5/21/2024 – 10/8/2024	$ 758,306.81
4	7/18/2023 – 1/17/2024	$ 147,444.88
5	1/18/2023 – 7/5/2023	$ 255,576.96
6	7/6/2022 – 1/4/2023	$ 219,925.18
7	1/4/2022 – 6/22/2022	$ 166,036.80
8	6/22/2021 – 12/21/2021	$ 194,458.76
9	12/22/2020 – 6/8/2021	$ 192,629.92
10	11/24/2020 – 12/8/2020	$ 30,938.88
TOTAL		$ 2,723,292.70

SIGNATURES AND APPROVALS

Filed in District Court
State of Minnesota
11/24/2026

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

Sarah Isakson
Attorney General's Office
Medicaid Fraud Investigator
445 Minnesota Street
Suite 1400
St. Paul, MN 55101
Badge: 210653

Electronically Signed:
11/19/2026 08:13 AM
Hennepin County, Minnesota

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

Prosecuting Attorney

Jilian Frueh
Assistant Attorney General
445 Minnesota Street
Suite 1400
St. Paul, MN 55101
(651) 296-3353

Electronically Signed:
11/18/2026 09:05 AM

Filed in District Court
State of Minnesota
11/24/2026

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).

[X] 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: $0.00
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: November 19, 2026.

Judicial Officer Theresa Bea
District Court Judge

Electronically Signed: 11/19/2026 09:56 AM

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

COUNTY OF HENNEPIN
STATE OF MINNESOTA

State of Minnesota

Plaintiff

vs.

Rita Sharawn Williams

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

Filed in District Court
State of Minnesota
11/24/2026

Name: Rita Sharawn Williams

DOB: 03/29/1963

Address: 7316 Fir Lane
Corcoran, MN 55340

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 #:

Alcohol Concentration:

STATUTE AND OFFENSE GRID

Filed in District Court
State of Minnesota
11/24/2026

Cnt Nbr	Statute Type	Offense Date(s)	Statute Nbrs and Descriptions	Offense Level	MOC	GOC	Controlling Agencies	Case Numbers
1	Charge	4/22/2025	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250013
	Modifier	4/22/2025	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	4/22/2025	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
2	Charge	10/22/2024	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250013
	Modifier	10/22/2024	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	10/22/2024	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
3	Charge	5/21/2024	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250013
	Modifier	5/21/2024	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	5/21/2024	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
4	Charge	7/18/2023	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250013
	Modifier	7/18/2023	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	7/18/2023	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
5	Charge	1/18/2023	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250013
	Modifier	1/18/2023	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	1/18/2023	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
6	Charge	7/6/2022	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250013
	Modifier	7/6/2022	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	7/6/2022	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
7	Charge	1/4/2022	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250013
	Modifier	1/4/2022	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	1/4/2022	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
8	Charge	6/22/2021	609.52.2(a)(3)(iii)	Felony	U1059	X	MN062015A	20250013

			Theft-Medical costs					
	Modifier	6/22/2021	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	6/22/2021	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
9	Charge	12/22/2020	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250013
	Modifier	12/22/2020	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250013
	Penalty	12/22/2020	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250013
10	Charge	11/24/2020	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20250013
	Modifier	11/24/2020	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20250013
	Penalty	11/24/2020	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20250013