Filed in District Court
State of Minnesota
9/25/2026

State of Minnesota
County of Ramsey

District Court
2nd Judicial District

Prosecutor File No. 33.IX84.0262
Court File No. 62-CR-26-6883

State of Minnesota,
Plaintiff,

vs.

MARK ANTHONY JOHNSON DOB: 09/27/1993
6802 63rd Avenue N
#302
Brooklyn Park, MN 55428-2537
Defendant.

COMPLAINT
Summons

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

COUNT I

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

Offense Date (on or about): 01/04/2023 to 06/21/2023

Control #(ICR#): 20250032

Charge Description: On or about warrant dates January 4, 2023, through June 21, 2023, in Ramsey County, State of Minnesota, Defendant MARK ANTHONY JOHNSON (DOB 09/27/1993) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceived 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 conspired with others to submit false claims for reimbursement which were relied upon by the Minnesota Department of Human Services, gave up possession of more than $5,000 in Medicaid funds, of which the Defendant received over $2,500 in wages.

COUNT II

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

Offense Level: Felony

Offense Date (on or about): 06/07/2022 to 12/06/2022

Control #(ICR#): 20250032

Charge Description: On or about warrant dates June 7, 2022, through December 6, 2022, in Ramsey County, State of Minnesota, Defendant MARK ANTHONY JOHNSON (DOB 09/27/1993) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceived 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 conspired with others to submit false claims for reimbursement which were relied upon by the Minnesota Department of Human Services, gave up possession of more than $11,000 in Medicaid funds, of which the Defendant received over $4,000 in wages.

COUNT III

Charge: Theft by False Representation
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(2), 609.05.1
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): 12/07/2021 to 05/24/2022

Control #(ICR#): 20250032

Charge Description: On or about warrant dates December 7, 2021, through May 24, 2022 in Ramsey County, State of Minnesota, Defendant MARK ANTHONY JOHNSON (DOB 09/27/1993) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceived 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 conspired with others to submit false claims for reimbursement which were relied upon by the Minnesota Department of Human Services, gave up possession of more than $9,000 in Medicaid funds, of which the Defendant received over $3,500 in wages.

COUNT IV

Charge: Theft by False Representation
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(2), 609.05.1
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): 07/07/2021 to 11/23/2021

Control #(ICR#): 20250032

Charge Description: On or about warrant dates July 7, 2021, through November 23, 2021, in Ramsey

County, State of Minnesota, Defendant MARK ANTHONY JOHNSON (DOB 09/27/1993) intentionally aided, abetted, advised, hired, counseled, or conspired with another to commit a crime, namely, to intentionally deceived 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 conspired with others to submit false claims for reimbursement which were relied upon by the Minnesota Department of Human Services, gave up possession of more than $8,000 in Medicaid funds, of which the Defendant received over $3,000 in wages.

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The Complainant states that the following facts establish probable cause:

Your affiant, Karina Gilson, is an Investigator with the Medicaid Fraud Control Unit (MFCU) of the Minnesota Attorney General's Office. As an Investigator for the MFCU, I investigate allegations of billing fraud by health care providers enrolled in the Minnesota Medical Assistance (Medicaid) Program. In this capacity, I investigated Mark Anthony Johnson (DOB 09/27/1993) (JOHNSON), the defendant herein, and JOHNSON's work as a Personal Care Assistant, and waiver worker. I determined that JOHNSON defrauded the Medicaid program by submitting time sheets for services that he did not provide. As a result of these false claims, the Minnesota Department of Human Services paid out over $34,000 in Medicaid funds, of which JOHNSON was paid almost $14,000 in wages.

I. THE MEDICAID PROGRAM.

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

Medicaid providers are informed of the laws and regulations governing their participation through the MHCP Provider Manual (Manual), which provides specific information for each provider type. For instance, providers must submit claims only after services are rendered and cannot submit claims that overstate either the level of care provided, or the amount of care provided.

Medicaid covers personal care assistant (PCA) services, which include assistance with activities of daily living like dressing, grooming, bathing, eating, mobility, and toileting. Under Medicaid guidelines, personal care services are provided by a PCA, who is employed by a Personal Care Assistance Services Agency (Agency) for the purpose of providing personal care necessary to maintain a recipient in his or her residence. A PCA is required to accurately document the time he or she spends with a recipient on a timesheet. The PCA then submits the timesheets to the Agency, which bills the DHS for services based on the information reported in the timesheet.

Through Individualized Home Support (IHS) services, Medicaid covers support and training for certain types of community living services including community participation; health, safety and wellness; household management; and adaptive skills. IHS services can be provided with or without training. IHS with training is a service option in which the recipient must receive training in at least one of the community living service categories.

Medicaid covers night supervision services when a recipient needs programming support or assistance with activities of daily living throughout the night. The provider may be either an asleep or awake staff person in the recipient's home overnight. Night supervision cannot be used without an assessed need for an eligible activity, for a person who sleeps through the night, or to pay for time the person's caregiver is asleep if the caregiver lives in the home with the recipient.

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

III. JOHNSON'S FRAUD.

On service dates from June 2021 through June 2023, JOHNSON reported providing PCA and Waiver services to A.J. (Medicaid recipients are identified by their initials to protect their privacy) through Always on Time Health Services, Inc. (Always on Time). Always on Time was located in St. Paul, Ramsey County, Minnesota. JOHNSON also worked at Alpine Diversified Service, Inc. (Alpine). JOHNSON submitted over 1,000 hours of fraudulent times to Always on Time.

On more than 350 occasions, JOHNSON did not provide PCA or waivered services as reported on the time sheets, as he was documented as working at Alpine. For example, on February 13. 2023 JOHNSON reported providing PCA services to A.J. from midnight to 5 a.m. On February 12, 2023, Johnson started work at Alpine at 9:55 p.m., cleaning multiple locations, with the last location ending at 3:27 a.m. on February 13, 2023[1]. JOHNSON could not have provided PCA services to A.J., while he was at work at Alpine.

On February 28 and on March 1, 2023, JOHNSON reported providing night supervision to A.J. from midnight until 6 a.m. each night. At Alpine, JOHNSON started work at the first site at 7:22 p.m. on February 27, 2023. JOHNSON cleaned at three locations, with the cleaning at the last location starting at 10:19 p.m. and ending at 2:49 a.m. on February 28, 2023. JOHNSON returned to work at Alpine, starting to clean at the first site at 7:10 p.m. on February 28th, with the final site cleaned starting at 10:11 p.m. and ending at 1:50 a.m. on March 1st. JOHNSON could not have provided night supervision while he was on site working at Alpine, yet Medicaid paid over $200 for the night supervision JOHNSON reported provided on February 28th and March 1st.

On June 19, 2022, JOHNSON reported providing night supervision to A.J. from midnight to 6 a.m. JOHNSON started work at the site at 12:25 a.m. and ended at the site at 5:36 a.m. With the drive time, Alpine recorded JOHNSON's work as 10 hours for the shift. Medicaid paid over $180 for JOHNSON's reported night supervision, that he could not have worked, while at Alpine.

On October 27, 2022, JOHNSON reported providing night supervision to A.J. from midnight to 6 a.m. JOHNSON's shift at Alpine began at 7:29 p.m. on October 26th, and JOHNSON ended at the last site at 3:33 a.m. on October 27th. JOHNSON could not have provided services to A.J., while he was working at Alpine, yet he signed a timesheet indicated he provided services, and Medicaid reimbursed over $120 for services JOHNSON could not have provided.

From February 23 through February 25, 2022, JOHNSON reported providing night supervision to A.J. from midnight to 6 a.m., and then from 6 a.m. to 10 a.m. providing PCA services to A.J. JOHNSON also worked at Alpine each of these days. JOHNSON's schedule started at the first work site at 10:12 p.m. on February 22nd and ended at 4:06 a.m. on February 23rd. JOHNSON returned to work at 10 p.m. on February 23rd and ended at the site at 2:22 a.m. on February 24th. He returned to work at Alpine the evening of February 24th at 8:23 p.m., ending at the last site at 2:18 a.m. on February 25th. On these three days, JOHNSON was on site working for Alpine for more than 8 hours during times he reported providing Medicaid eligible services to A.J. For these falsely reported times, Medicaid paid more than $250.

From November 22 through November 25, 2021, JOHNSON reported providing night supervision to A.J. from midnight to 6 a.m. each night and PCA services from 9:30 a.m. until 2:00 p.m. JOHNSON's shifts at Alpine started at 10:30 p.m. on November 21st and ended at 4:42 a.m. on November 22nd. JOHNSON returned to Alpine at 7 p.m. on November 22nd and ended work at 2:30 a.m. on November 23rd. He then started again at 8:30 p.m. on November 23rd and ended at 4:01 a.m. on November 24th. On

November 24th, he started at a site for Alpine at 8 p.m. and ended at 2:35 a.m. on November 25th. JOHNSON reported working two places at once for more than 12 hours on these days. For falsely reported services, Medicaid paid over $400.

The PCA time sheets JOHNSON, completed for recipient, A.J., have a statement regarding falsifying information on the timesheets, which states:

> After PCA has documented his/her time and activity, the recipient must draw a line through any dates and times he/she did not receive services from the PCA. Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on PCA billings for medical Assistance payment. Your signature verifies the time and services entered above are accurate and that the services were performed as specified in the PCA Care Plan.

In spite of this advisory, JOHNSON signed timesheets reporting times he could not have provided when he was at another job. According to bank account records, JOHNSON received payment for the timesheets submitted that overlapped with his work at Alpine.

On more than 350 occasions, JOHNSON did not provide the services as reported on the time sheets, as he was at work at another job. On services dates between June 2021 and June 2023, JOHNSON submitted timesheets reporting over 1,000 hours of services that could not have been provided while JOHNSON was at work at Alpine. DHS paid over $34,000 in Medicaid funds for services JOHNSON did not provide. JOHNSON received over $13,500 in wages for his falsely reported services.

IV. Conclusion.

To calculate overlap, I compared JOHNSON's work with Medicaid recipients and his other employment. I found that JOHNSON submitted time sheets, reporting over 1,000 hours that could not have occurred while he was working at another job. As a result of JOHNSON's false claims, the DHS paid over $34,000 in Medicaid funds, of which JOHNSON was paid almost $14,000 as wages. Broken down into charging periods by warrant date (the date on which DHS issued payment to the PCA agency for claims submitted for JOHNSON's reported PCA work), the overpayment by DHS, based on JOHNSON's conduct is as follows:

- Count 1 - between January 4, 2023, and June 21, 2023, Medicaid paid out more than $5,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.
- Count 2 - between June 7, 2022, and December 6, 2022, Medicaid paid out more than $5,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.
- Count 3 - between December 7, 2021, and May 24, 2022, Medicaid paid out more than $5,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.
- Count 4 - between July 7, 2021, and November 23, 2021, Medicaid paid out more than $5,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

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[1] Alpine also paid for the drive time from the site back to Alpine after JOHNSON finished at the last site. The drive times are not included in the overlap.

SIGNATURES AND APPROVALS

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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

Karina Gilson
Investigator
445 Minnesota Street
Suite 1400
St. Paul, MN 55101

Electronically Signed:
09/25/2026 09:16 AM
Ramsey County, Minnesota

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

Prosecuting Attorney

Kristi Nielsen
445 Minnesota Street
Suite 1400
St. Paul, MN 55101
(651) 296-3353

Electronically Signed:
09/25/2026 08:14 AM

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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: $
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: September 25, 2026.

Judicial Officer Timothy Mulrooney
Judge

Electronically Signed: 09/25/2026 09:47 AM

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

COUNTY OF RAMSEY
STATE OF MINNESOTA

State of Minnesota

Plaintiff

vs.

Mark Anthony Johnson

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

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Name: Mark Anthony Johnson

DOB: 09/27/1993

Address: 6802 63rd Avenue N
#302
Brooklyn Park, MN 55428-2537

Alias Names/DOB:

SID:

Height:

Weight:

Eye Color:

Hair Color:

Gender:

Race:

Fingerprints Required per Statute: Yes

Fingerprint match to Criminal History Record: No

Driver's License #:

Case Scheduling Information: AGO is prosecuting this case. The state is not available for a first appearance on 11/6.

Alcohol Concentration:

STATUTE AND OFFENSE GRID

Cnt Nbr	Statute Type	Offense Date(s)	Statute Nbrs and Descriptions	Offense Level	MOC	GOC	Controlling Agencies	Case Numbers
1	Charge	1/4/2023	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20250032
	Penalty	1/4/2023	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20250032
	Modifier	1/4/2023	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20250032
2	Charge	6/7/2022	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20250032
	Penalty	6/7/2022	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20250032
	Modifier	6/7/2022	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20250032
3	Charge	12/7/2021	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20250032
	Penalty	12/7/2021	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20250032
	Modifier	12/7/2021	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20250032
4	Charge	7/7/2021	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20250032
	Penalty	7/7/2021	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20250032
	Modifier	7/7/2021	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20250032