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.KG93.0262
Court File No. 62-CR-26-6885

State of Minnesota,

Plaintiff,

vs.

ANGELA RUTH JOHNSON DOB: 04/28/1967

13650 Marsh View Boulevard
#153
Rogers, MN 55374

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 than 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#): 20260083

Charge Description: On or about warrant dates January 4, 2023 through June 21, 2023, in Ramsey County, State of Minnesota, Defendant ANGELA RUTH JOHNSON (DOB 4/28/1967) 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 conspired with employees of Always on Time Health Services, Inc. to create false personal care assistant timesheets which were submitted as claims to the Minnesota Department of Human Services, who, in reliance on those claims, gave up possession of more than $5,000 in Medicaid funds.

COUNT II

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 than 10 years, or 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#): 20260083

Charge Description: On or about warrant dates June 7, 2022 through December 6, 2022, in Ramsey County, State of Minnesota, Defendant ANGELA RUTH JOHNSON (DOB 4/28/1967) 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 conspired with employees of Always on Time Health Services, Inc. to create false personal care assistant timesheets which were submitted as claims to the Minnesota Department of Human Services, who, in reliance on those claims, gave up possession of more than $5,000 in Medicaid funds.

COUNT III

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 than 10 years, and a 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#): 20260083

Charge Description: On or about warrant dates December 7, 2021 through May 24, 2022, in Ramsey County, State of Minnesota, Defendant ANGELA RUTH JOHNSON (DOB 4/28/1967) 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 conspired with employees of Always on Time Health Services, Inc. to create false personal care assistant timesheets which were submitted as claims to the Minnesota Department of Human Services, who, in reliance on those claims, gave up possession of more than $5,000 in Medicaid funds.

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): 05/25/2021 to 11/23/2021

Control #(ICR#): 20260083

Charge Description: On or about warrant dates May 25, 2021 through November 23, 2021, in Ramsey

County, State of Minnesota, Defendant ANGELA RUTH JOHNSON (DOB 4/28/1967) 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 conspired with employees of Always on Time Health Services, Inc. to create false personal care assistant timesheets which were submitted as claims to the Minnesota Department of Human Services, who, in reliance on those claims, gave up possession of more than $5,000 in Medicaid funds.

COUNT V

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 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 05/11/2021

Control #(ICR#): 20260083

Charge Description: On or about warrant dates November 24, 2020, 2020 through May 11, 2021, in Ramsey County, State of Minnesota, Defendant ANGELA RUTH JOHNSON (DOB 4/28/1967) 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 conspired with employees of Always on Time Health Services, Inc. to create false personal care assistant timesheets which were submitted as claims to the Minnesota Department of Human Services, who, in reliance on those claims, gave up possession of more than $5,000 in Medicaid funds.

COUNT VI

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 than 10 years, or payment of a fine of no more than $20,000, or both.
Offense Level: Felony

Offense Date (on or about): 10/13/2020 to 11/10/2020

Control #(ICR#): 20260083

Charge Description: On or about warrant dates October 13, 2020 through November 10, 2020, in Ramsey County, State of Minnesota, Defendant ANGELA RUTH JOHNSON (DOB 4/28/1967) 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 conspired with employees of Always on Time Health Services, Inc. to create false personal care assistant timesheets which were submitted as claims to the Minnesota Department of Human Services, who, in reliance on those claims, gave up possession of more than $5,000 in Medicaid funds.

STATEMENT OF PROBABLE CAUSE

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 ANGELA RUTH JOHNSON (DOB 4/28/1967) (DEFENDANT). I determined that DEFENDANT conspired with others to defraud the Medicaid program by submitting timesheets for personal care assistant service that DEFENDANT and those she was the Responsible Party for did not receive. As a result of DEFENDANT aiding in the submission of false claims, the Minnesota Department of Human Services (DHS) paid out over $100,000 in Medicaid funds.

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.

If a recipient is a minor or unable to direct his or her own care, a responsible party (RP) is appointed to direct and supervise the recipient's care and review and sign timesheets to verify that services have been provided. Minnesota law prohibits a recipient's PCA, Qualified Professional (QP), or home care agency or manager from serving as the RP.

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

A. PCA Services

The Medicaid program covers PCA services for recipients who live in their own residence, but whose illness, injury, physical condition, or mental condition creates the need for assistance with certain activities of daily living. PCA services are provided in the recipient's home, and Minnesota law limits who can serve as a PCA for a recipient. For example, PCA services cannot be provided by the recipient's spouse, parents (if the recipient is a minor child), or responsible party. PCAs are limited to providing and being paid for up to 310 hours of PCA services per month.

PCAs must document the services they provide to recipients on a timesheet which must include the dates of service, the name and signature of the PCA and recipient, the arrival and departure time of the PCA (including a.m. and p.m. designations), the total number of hours worked daily, and a description of the services provided. A PCA Service Agency submits claims to DHS or a MCO based upon the services documented on the time sheets, using a CPT (Current Procedural Terminology) code of T1019.

For the safety of recipients, before a PCA can begin to provide services, the agency must request a background study from the DHS and receive notice from the DHS that the PCA is not disqualified from providing PCA services. The agency must also train each PCA and ensure that he or she is competent to provide assistance to recipients.

B. Waivered Services

Home and Community-Based Services ("HCBS") are Medicaid-funded services that provide assistance and support for persons with disabilities who live independently in the community. These services are sometimes referred to as 245D services or "waivered services." Waivered services include a wide variety of services, each with a unique CPT code. Waivered services including Companion Care for adults (CPT S5135), which assists with activities of daily living such as bathing, dressing, eating, errands, and social engagements. Companion care is used to enhance a recipient's quality of life. When it is billed with the modifier UA, it indicates that night supervision occurred. Night supervision includes overnight assistance and supervision provided by staff in the person's own home when that person is assessed to require overnight services. Overnight supervision is not covered if the provider resides in the home with the recipient, the recipient sleeps through the night, or for merely preventative support.

Workers providing waivered services must document the services they provide on timesheets. Timesheets for waivered services also must include the time and type of services provided and must be signed by the worker and recipient verifying the service occurred. The completed timesheets are submitted to the waivered agency, who then submits claims to DHS or a MCO using the appropriate CPT code, based upon the service provided.

C. Services Agencies

A recipient (or his or her RP) who qualifies for PCA or Waivered 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 a PCA or care provider to provide the necessary services at the home of the recipient, and the Agency contracts with the DHS or a MCO to provide the services to the recipient.

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: financial records, billing records, prior authorizations, care plans, and documentation of the services provided.

II. DEFENDANT's Role in the fraud scheme.

DEFENDANT was both a recipient of services and an RP. DEFENDANT was an RP for at least five people including A.J. (DEFENDANT's adult daughter); M.S. (aka M.J., DEFENDANT's adult daughter); K.G. (DEFENDANT's son); T.W. (DEFENDANT's grandson); and J.M. (DEFENDANT's nephew or other family member). DEFENDANT signed timesheets confirming that services were provided for herself and recipients, for whom she served as RP because they were minors or could not direct their own care. DEFENDANT worked with staff at Always on Time Health Services, Inc. (AOT) to sign time sheets that falsely reported the services provided. AOT was located in St. Paul, Ramsey County, Minnesota. DEFENDANT received kickbacks from AOT and the workers for aiding in the fraudulent schemes.

A. PCA D.C.

D.C. worked as a PCA at AOT. D.C. lived with DEFENDANT for a time and provided services to DEFENDANT around D.C.'s other jobs. D.C. stated that she provided services to DEFENDANT around her work schedule. D.C. lived with DEFENDANT when she was providing services to her. D.C. stated that she provided services to DEFENDANT's adult children, M.S. and A.J. on a couple occasions, but not regularly. D.C. also picked up T.W., who is M.S.'s minor child, from school a few times. D.C. stated that she did not provide services to K.G., who is another of DEFENDANT's adult children. While D.C. did not provide service to T.W., M.S., A.J. or K.G., DEFENDANT conspired with staff at AOT to report over 3,500 hours of services to recipients for whom DEFENDANT was the RP. For these falsely reported services, Medicaid paid AOT over $55,000.

B. DEFENDANT verified times when the worker was at other employment.

One of DEFENDANT's providers was her son, Mark Johnson (Mark). Mark reported providing PCA and Companion Care services to DEFENDANT between June 2021 and June 2023. On more than 365 days, Mark could not have provided the services to DEFENDANT because he was at another job. For example, on February 28 and on March 1, 2023, Mark reported providing night supervision to DEFENDANT from midnight until 6 a.m. each night. However, Mark also worked at Alpine Diversified Service, Inc. (Alpine). At Alpine, Mark started work at the first site at 7:22 p.m. on February 27, 2023. Mark 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. Mark 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. Mark could not have provided night supervision while he was working at sites for Alpine, yet DEFENDANT signed time sheets verifying the services Mark reported. Medicaid paid over $200 for the night supervision which DEFENDANT verified but did not receive the reported services, while Mark was at another job on February 28th and March 1st.

On the timesheets DEFENDANT signed with Mark, there was 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.

Each false timesheet that DEFENDANT signed to aid in the fraud reminded her to review the timesheet for accuracy and also that is crime to provide false information for billing. Yet DEFENDANT signed timesheets verifying services that could not have provided when the worker was at another job.

Another example is from February 23 through February 25, 2022. On these dates Mark reported providing night supervision to DEFENDANT from midnight to 6 a.m., and then from 6 a.m. to 10 a.m. providing PCA services to DEFENDANT. Mark also worked at Alpine each of these days. Mark'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. Mark 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, Mark was on site working for Alpine and could not have provided services to DEFENDANT, yet DEFENDANT signed a timesheet verifying the times Mark reported. For these falsely reported times, Medicaid paid more than $250.

From November 22 through November 25, 2021, Mark reported providing night supervision to DEFENDANT from midnight to 6 a.m. each night and PCA services from 9:30 a.m. until 2:00 p.m. Mark's shifts at Alpine started at 10:30 p.m. on November 21st and ended at 4:42 a.m. on November 22nd. Mark 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. Mark reported working two places at once for more than 12 hours on these days and DEFENDANT aided by signing a false timesheet confirming services that she did not receive and causing Medicaid to pay over $400.

Additionally, Mark signed a paycheck over to DEFENDANT. On more than 365 days, DEFENDANT conspired with Mark to submit false time sheets reporting PCA and Waivered services that did not occur while Mark was at another job. They reported over 1,000 hours of services that were not provided. Medicaid paid over $30,000 for these false claims.

C. DEFENDANT signed time sheets confirming services while she was a patient in a hospital.

If a recipient is hospitalized or in an inpatient treatment or care facility, Medicaid will not pay for PCA and certain waivered services. In hospitals and treatment or care centers, there are trained and paid staff to care for the recipients. While DEFENDANT was a recipient of PCA and Companion Care services, she signed time sheets confirming services that were not provided to her because she was in a hospital. For example, DEFENDANT was in the hospital on April 22 and 23, 2022. Although DEFENDANT was in an in patient facility, she signed time sheets stating that two PCAs provided PCA services. DEFENDANT also signed a time sheet confirming that she received night supervision. These services were not eligible for Medicaid reimbursement while DEFENDANT was in the hospital. DEFENDANT's complicity in submitting false time sheets for billing while she was hospitalized caused Medicaid to pay AOT over $800.

D. PCA J.M.

Medicaid will not pay for PCA or Waivered services if the recipient or provider is incarcerated. When a provider is incarcerated, they would not be able to be present with the recipient to provide the services. If a recipient is incarcerated, jail staff assess the needs of the inmate. Further, when a recipient is incarcerated, a worker would not have access to the recipient to provided assistance for the activities of daily living.

J.M. was another PCA who DEFENDANT reported provided services to her and her family at times he could not have been providing services. J.M. was incarcerated or on electronic home monitoring, such that he could not have provided services to DEFENDANT in her home, yet on 30 days in August and December 2021, DEFENDANT worked with J.M. and other staff at AOT to report over 125 hours of PCA services.

After being incarcerated, J.M. was no longer eligible to be a PCA or provide Waivered services. J.M. then became a recipient. While a recipient, J.M. was again incarcerated. While J.M. was in custody, DEFENDANT, acting as J.M.'s RP, reported PCA services were provided to him. The services could not have been provided, yet AOT submitted claims and Medicaid reimbursed the claims.

For these falsely reported services while J.M. was in custody as a PCA and as a recipient, Medicaid paid AOT over $2,800.

E. PCA F.A.

PCA F.A. spoke with MFCU investigators. F.A. stated that she only provided services to one recipient, her father. F.A. stated that she did not provide services to DEFENDANT or DEFENDANT's daughter, M.S. Yet DEFENDANT worked with staff at AOT to submit claims reporting that between December 2022 and May 2023, F.A. provided over 300 hours of PCA services were provided to DEFENDANT and M.S. For these falsely reported services, Medicaid reimbursed AOT over $6,000.

F. DEFENDANT reported multiple workers providing services at the same time.

DEFENDANT signed timesheets verifying that PCA services were provided by multiple PCAs at the same time. For example, from June 12, 2022, through June 24, 2022, it was reported that PCAs I.A. L.W. and L.H. all provided PCA services to M.S. daily. One set of timesheets reported PCA I.A. providing services to M.S. from 6 am until noon each day. Another set of time sheets reported PCA L.H. providing services to M.S. from 5:30 am until 8 am daily. A third set of time sheets reported that PCA L.W. providing services to M.S. from 11:30 am until 2 pm. The time sheets report that M.S. had two PCAs each day from 6 am until 8 am and again from 11:30 until Noon. All the time sheets reported that the PCAs helped M.S. to dress, bathe, groom, and toilet. The times the PCAs worked overlapped, although M.S. did not call for multiple PCAs at the same time. Claims were submitted for each of the PCAs, and Medicaid reimbursed AOT over $2,400 for these false claims.

III. DEFENDANT's received kickbacks and communicated with the owner of AOT regarding billing.

DEFENDANT communicated with Awo Mohamed (Awo), the owner of AOT, through thousands of text messages and also received money from Awo and other AOT staff. The texts include Awo giving DEFENDANT instructions to clock in and out for PCAs; DEFENDANT sending Awo photos of driver's licenses and social security cards that do not belong to her; and messages regarding DEFENDANT getting paid. For example, on February 24, 2021, DEFENDANT sent three texts to AWO asking for timesheets for two people; asking whether she will get her money; and directing Awo when a timesheet should start.

On June 9, 2021, Awo texted defendant that she forgot and would get her cash and that it would not happen again. DEFENDANT replied that she needed to be paid by the next day.

AOT started using Electronic Visit Verification (EVV), which is an app that replaces paper time sheets. EVV can record the location the services were provided, along with the recipient and workers' identities and the start and end times of the service. DEFENDANT manipulated the electronic timesheets by logging in as the worker. For example, on October 17, 2021, DEFENDANT texted Awo saying that she had clocked in twice for Mark and on December 5, 2021, DEFENDANT texted Awo for the log in information for the electronic time sheet app for three PCAs.

DEFENDANT was paid for her compliance in the fraud schemes at AOT. DEFENDANT would ask Awo about the money, including a text on February 24, 2021, when DEFENDANT texted Awo "is he going to have my money." On July 27, 2021, DEFENDANT texted Awo to send her a picture of D.C.'s paystub. Awo would pay DEFENDANT by check, cash, or an app that electronically transfers money.

DEFENDANT spoke with MFCU investigators via phone, using the same phone number she used to communicate with Awo. DEFENDANT stated that she was a client at AOT but was never an employee. DEFENDANT stated that if there were any checks from AOT to her, they were wrong.

IV. Conclusion.

From October 2020 through June 2023, DEFENDANT conspired with others including Awo, PCAs and workers, and staff at AOT to engage in a complex plan to defraud the Medicaid program. DEFENDANT completed and signed off on time sheets reporting Medicaid eligible services for herself and others for whom she was RP that were not actually provided. 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. There are over 1,000 individual claims that comprise the overall totals of the complaint. The spreadsheet detailing each fraudulent claim shows that Medicaid paid more than $100,000 to AOT based upon the fraudulent claims DEFENDANT conspired to have submitted. Aggregated into six-month charging periods by warrant date (the date the claim was paid), DEFENDANT aided and abetted in fraudulent schemes and caused the Medicaid program to overpay 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 May 25, 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.
- Count 5 - between November 24, 2020, and May 11, 2021, Medicaid paid out more than $5,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.
- Count 6 - between October 13, 2020, and November 10, 2020, Medicaid paid out more than $5,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

SIGNATURES AND APPROVALS

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

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

Complainant	Karina Gilson Investigator 445 Minnesota Street Suite 1400 St. Paul, MN 55101	Electronically Signed: 09/25/2026 09:19 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 08:12 AM

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

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: $
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.

Angela Ruth 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

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

Name:	Angela Ruth Johnson
DOB:	04/28/1967
Address:	13650 Marsh View Boulevard #153 Rogers, MN 55374
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:	The AGO is prosecuting this case. The State is not available for a first appearance on 11/6.
Alcohol Concentration:	

STATUTE AND OFFENSE GRID

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

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	20260083
	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	20260083
	Modifier	1/4/2023	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20260083
2	Charge	6/7/2022	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20260083
	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	20260083
	Modifier	6/7/2022	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20260083
3	Charge	12/7/2021	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20260083
	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	20260083
	Modifier	12/7/2021	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20260083
4	Charge	5/25/2021	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20260083
	Penalty	5/25/2021	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20260083
	Modifier	5/25/2021	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20260083
5	Charge	11/24/2020	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20260083
	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	20260083
	Modifier	11/24/2020	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20260083
6	Charge	10/13/2020	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20260083
	Penalty	10/13/2020	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20260083
	Modifier	10/13/2020	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20260083