State of Minnesota
County of Ramsey

District Court
2nd Judicial District

Prosecutor File No. 33.IH97.0262
Court File No.

State of Minnesota,
Plaintiff,

vs.

MOHAMED HAJI RASHID DOB: 01/01/1966
5538 W Danube Road
Fridley, MN 55432
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 $1,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(3)(a), 609.05.1
Maximum Sentence: Imprisonment of not more than 5 years or payment of a fine of not more than $10,000 or both.
Offense Level: Felony

Offense Date (on or about): 10/08/2024 to 02/25/2025

Control #(ICR#): 20250008

Charge Description: On or about warrant dates October 8, 2024 through February 25, 2025, in Ramsey County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $1,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota Department of Human Services who, in reliance on those claims, gave up possession of more than $1,000.

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 not more than 10 years or payment of a fine of not more than $20,000, or both.

Offense Level: Felony

Offense Date (on or about): 02/27/2024 to 07/30/2024

Control #(ICR#): 20250008

Charge Description: On or about warrant dates February 27, 2024 through July 30, 2024, in Ramsey County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $5,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota Department of Human Services who, in reliance on those claims, gave up possession of over $5,000.

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 not more than 10 years or payment of a fine of not more than $20,000 or both.
Offense Level: Felony

Offense Date (on or about): 06/21/2023 to 12/19/2023

Control #(ICR#): 20250008

Charge Description: On or about warrant dates June 21, 2023 through December 19, 2023, in Ramsey County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $5,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota Department of Human Services who, in reliance on those claims, gave up possession of over $5,000.

COUNT IV

Charge: Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(1), 609.05.1
Maximum Sentence: Imprisonment of not more than 20 years or payment of a fine of not more than $100,000 or both.
Offense Level: Felony

Offense Date (on or about): 12/20/2022 to 06/06/2023

Control #(ICR#): 20250008

Charge Description: On or about warrant dates December 20, 2022 through June 6, 2023, in Ramsey

County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $35,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota Department of Human Services who, in reliance on those claims, gave up possession of over $35,000.

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 not more than 10 years or payment of a fine of not more than $20,000 or both.
Offense Level: Felony

Offense Date (on or about): 06/22/2022 to 12/06/2022

Control #(ICR#): 20250008

Charge Description: On or about warrant dates June 22, 2022 through December 6, 2022, in Ramsey County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $5,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota Department of Human Services and Medica who, in reliance on those claims, gave up possession of over $5,000.

COUNT VI

Charge: Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(1), 609.05.1
Maximum Sentence: Imprisonment of not more than 20 years or payment of a fine of not more than $100,000 or both.
Offense Level: Felony

Offense Date (on or about): 12/07/2021 to 05/24/2022

Control #(ICR#): 20250008

Charge Description: On or about warrant dates December 7, 2021 through May 24, 2022, in Ramsey County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $35,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota Department of Human Services who, in reliance on those claims, gave up possession of over $35,000.

COUNT VII

Charge: Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(1), 609.05.1
Maximum Sentence: Impisonment of not more than 20 years or payment of a fine of not more than $100,000 or both.
Offense Level: Felony

Offense Date (on or about): 05/25/2021 to 11/23/2021

Control #(ICR#): 20250008

Charge Description: On or about warrant dates May 25, 2021 through November 23, 2021, in Ramsey County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $35,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota Department of Human Services and Medica who, in reliance on those claims, gave up possession of over $35,000.

COUNT VIII

Charge: Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(1), 609.05.1
Maximum Sentence: Imprisonment of not more than 20 years or payment of a fine of not more than $100,000 or both.
Offense Level: Felony

Offense Date (on or about): 11/24/2020 to 05/11/2021

Control #(ICR#): 20250008

Charge Description: On or about warrant dates November 24, 2020 – May 11, 2021, in Ramsey County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $35,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota

Department of Human Services who, in reliance on those claims, gave up possession of over $35,000.

COUNT IX

Charge: Theft by False Representation (over $35,000)
Minnesota Statute: 609.52.2(a)(3)(iii), with reference to: 609.52.3(1), 609.05.1
Maximum Sentence: Imprisonment of not more than 20 years or payment of a fine of not more than $100,000 or both.
Offense Level: Felony

Offense Date (on or about): 08/18/2020 to 11/10/2020

Control #(ICR#): 20250008

Charge Description: On or about warrant dates August 18, 2020 through November 10, 2020, in Ramsey County, State of Minnesota, Defendant Mohamed Haji Rashid (DOB 1/1/1966), acting alone or by intentionally aiding, abetting, advising, hiring, counseling, or conspiring with the co-conspirators named herein to deceive a third person with a false representation which was known to be false, made with intent to defraud, and which did defraud the person to whom it was made, and obtained for himself or another over $35,000, through the preparation or filing of a claim for reimbursement, a rate application, or 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, to wit: Defendant, acting alone or aiding and abetting others, submitted, or aided and abetted in the submission of, claims that he knew were not provided by others, or he knew were ineligible for reimbursement. The fraudulent claims were submitted to the Minnesota Department of Human Services who, in reliance on those claims, gave up possession of over $35,000.

STATEMENT OF PROBABLE CAUSE

The Complainant states that the following facts establish probable cause:

Your affiant, Nick Burkhalther, 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 agencies and providers enrolled in the Minnesota Medical Assistance (Medicaid) program. In this capacity, I investigated Liberty Home Health Care, LLC. (LIBERTY), owned by Mohamed Haji Rashid (DOB 1/1/1966) (RAHSID). RASHID owned Liberty, a Medicaid-enrolled home health care agency. Through Liberty, RASHID defrauded the Medicaid program by submitting claims for PCA and Waivered services that were either not provided at all or not provided in accordance with the law. Based on these fraudulent claims, RASHID through LIBERTY unlawfully received more than $300,000 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 is located in St. Paul, Ramsey County, Minnesota. The DHS enrolls health care providers by entering into an agreement to furnish health care services and goods to Medicaid recipients.

Medicaid providers are informed of the laws and regulations governing their participation through the Minnesota Health Care Programs (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. The Manual informs providers of criminal penalties for: (1) making a statement known to be false in an application for payment or for use in determining rights to such payment; (2) failing to disclose a fact affecting the vendor's initial or continuing right to receive payments with the intent to wrongfully obtain such payments; and (3) making a statement known to be false so that facility may qualify, or continue to qualify, as a home health agency. The Manual is available to providers electronically, and updates occur on a continuous basis. The DHS also issues bulletins to clarify existing laws and regulations and to summarize any changes.

The DHS further explains MHCP laws and regulations during a three-day training program called "Steps for Success." PCA services agency owners, managing employees, and qualified professionals must attend Steps for Success before enrolling in the MHCP. Finally, the DHS offers a "PCA Billing Lab" which teaches PCA services agencies how to properly bill claims to the DHS. As a condition of their enrollment in the MHCP, providers agree to comply with all rules relating to the delivery of Medicaid services to their recipients and to the submission of claims for such services, including those rules set forth in the Manual.

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 distinct CPT (Current Procedural Terminology) codes

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. Services Agencies

A recipient who qualifies for PCA services (or his or her RP) 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.

An Agency is required by the DHS to ensure the accuracy of the timesheets submitted by the PCA or another worker. Using the data from PCA or waivered service timesheets, the agency submits claims for reimbursement to the DHS or the MCO. The DHS or MCO 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.

For the health and safety of recipients, a PCA services Agency must employ or contract with a Qualified Professional (QP) as a condition of enrollment in the Medicaid program. A QP is a professional, such as a nurse, who oversees the PCA work to ensure that recipients are receiving the care needed to be able to remain in their homes. A QP's role at an Agency is critical and an Agency cannot enroll in the Medicaid program or operate without a QP. A QP oversees the PCAs, ensuring that the recipient's needs are met and the PCAs know how to properly provide services to the recipients. When a recipient enrolls with an agency, a QP conducts an initial visit within the first 14 days of providing services and works with the recipient to write a care plan detailing the specific needs of the recipient. A care plan is separate from the annual assessment of the recipient, which is completed by a Public Health Nurse for the county and state. After the initial visit, QP visits occur every 90 to 120 days, unless the PCA is 16 or 17 years old, then QP visits must occur every 60 days. After 180 days of services, QP visits may alternate between in-person, phone, and internet visits, if the care plan allows. When a QP visits, the QP must document the visit. An agency may submit a claim for the QP visit, including a modifier to indicate that the QP checked

on the recipient and PCA. DHS will not pay claims if there is not a QP on staff properly supervising each PCA's care of his or her recipients.

II. Liberty Home Health Care, Inc.

RASHID opened LIBERTY in 2014 as a Personal Care Assistance service agency. LIBERTY's office was located on West Lake Street in Minneapolis for years; however, in September 2023, LIBERTY's office relocated to Main Street in Columbia Heights. RASHID was the owner and designated biller for LIBERTY. RASHID completed Steps for Success in January 2018. In this course, one of the topics RASHID was instructed on was fraud, waste, and abuse. RASHID signed a Provider Agreement on behalf of LIBERTY, agreeing to provide information requested by the DHS or MFCU, and to comply with all state and federal statutes and/or rules for the delivery of services. In signing the Provider Agreement, RASHID also agreed to "Assume full responsibility for the accuracy of claims submitted to DHS…" and to maintain records of the services provided to the recipients for five years.

LIBERTY had a few QPs on staff at different times. A QP is essential to the operation of a PCA Service Agency. It is the responsibility of the QP to ensure that recipients are receiving proper care in order to safely live in their homes. Without QP supervision, PCA services are not eligible for Medicaid reimbursement because of the essential work QPs perform to ensure proper care for a recipient. When a QP joins an Agency, they sign a QP Acknowledgement form stating that by signing the form, they acknowledge and certify the following:

- Understand the qualifications of a QP
- Meet the qualifications
- Are aware of the duties and responsibilities of a QP for the Agency
- Assume the duties of a QP

Edna Farah was the listed QP for LIBERTY from around 2017 through March 1, 2019. Sulekha Ibrahim, a registered nurse, signed the QP acknowledgement form on March 6, 2019, and nurse Kerima Mohamed, signed a QP acknowledgement form on May 30, 2023. While there were QPs listed on staff, only 24 of the more than 60 recipients LIBERTY submitted claims for, were billed as having received QP visits. LIBERTY did not submit any claims for QP visits between March 5, 2022, and July 5, 2023.

A search warrant was executed at LIBERTY's office on November 13, 2025. There were no electronics located for LIBERTY in the office and the only papers for LIBERTY were four training certificates for employees and a few pages showing LIBERTY was registered with the Minnesota Secretary of State and had a Home and Community-Based Services license from DHS. There were no recipient files with care plans, nor any time sheets that recorded when services were provided. MFCU investigators contacted RASHID. RASHID stated that he was in Dubai until the end of May 2026, but he did not believe he still had any LIBERTY documents but would check when he returned to Minnesota. MFCU investigators have had no further contact with RASHID.

III. LIBERTY's Fraud

Between service dates from March 2020 through February 2025, RASHID, through LIBERTY, was paid Medicaid funds for fraudulent claims RASHID conspired to submit for PCA and waivered services that did not occur at all or did not occur in accordance with the law. MFCU investigators found that services were not provided or not provided in a manner that is eligible for Medicaid reimbursement. MFCU investigators also spoke with recipients, who did not receive the services as claimed by RASHID through

LIBERTY. RASHID submitted claims reporting more services than were provided and often reported the services were provided by someone who the recipient did not know. Yet based upon RASHID's false submission of claims, Medicaid reimbursed LIBERTY.

A. PCA Nadia Hassan

Nadia Hassan (Nadia) worked at multiple PCA agencies. Nadia was charged and pled guilty to falsely reporting that she was working for one recipient when she was with another recipient. *See State v. Nadia Hassan*, 62-CR-25-9182. One of the agencies Nadia worked at was LIBERTY. Nadia spoke with MFCU investigators. During her first interview on February 7, 2024, Nadia stated that she worked for LIBERTY, along with other agencies. Nadia stated that she could not provide services to men because she had to give them showers, and she cannot do that. Nadia then clarified that she could cook and clean for a male recipient, because the man could be in another area of the house while she worked, but would not do any work that required her to do anything hands on with a recipient of the opposite sex.

When investigators pointed out to Nadia that she reported working the equivalent of multiple full-time jobs in a single quarter at times, Nadia replied that she was a fast and efficient worker, who could get things done in less time than projected and that the companies billed for the time allotted to do the work, not the time in which she did the work. Nadia stated that no one told her there was a limit on the number of hours she could work in a month.

Nadia further stated that she did not know what the 1:1 or 1:2 meant on timesheets and said she would leave it blank if she did not know how to complete it. Through my training and experience, I know that, when listed on timesheets, 1:1 means 1 PCA provides services to 1 recipient, while 1:2 means 1 PCA provides services to 2 recipients in an arrangement called "shared care." These delineations are covered in a PCA's Steps for Success training, which, as detailed below, RASHID completed on Nadia's behalf.

During her second interview, on April 14, 2026, Nadia stated that she worked for LIBERTY for about three years. Nadia said that she gave her timesheets to RASHID at LIBERTY and would tell him what other agencies she had worked at, so time would not overlap. Nadia said that RASHID told her not to worry about the times that he would take care of it. Nadia stated that she was not trained by a nurse and that there were no nurse visits while she cared for a recipient. Nadia further stated that she did not see a care plan for A.I., and that when she asked about one, A.I. called her case manager for direction.

Nadia stated that she had been trained on completing PCA timesheets and knew that they had to be accurate. Nadia stated that she was not trained at LIBERTY about providing care or completing timesheets. Nadia stated that she received the number of hours to report based upon information from the case manager, and she reported the hours as told, not the hours she actually worked. Nadia stated that RASHID took the test for Nadia's PCA certificate. Nadia stated that RASHID did not put together care plans and she would receive her information from the case manager, not LIBERTY.

Nadia stated that while working for LIBERTY she only worked for two recipients; as identified below, RASHID billed using her name and credentials for several other recipients that NADIA did not provide with services. Nadia initially stated that she worked and was paid for all the hours on her timesheets at LIBERTY; however, when asked to clarify, she explained that she would include hours on her timesheets that she had not actually worked. Nadia further stated RASHID came to her about submitting more hours than she actually worked and that RASHID directed her how to fill out her time sheets for services she did not actually deliver, so he could make more money. Nadia stated that RASHID would tell her how many hours she could submit. Nadia gave an example that if she worked 2 hours, RASHID would instruct her to write that she completed 5 hours of services that day. Nadia also stated that she told RASHID her work schedule at her other jobs, and that he would still "punch her in" while she was at another job. Nadia further stated that RASHID told her not to worry about it.

RASHID conspired with Nadia to pad the hours by reporting more hours than she actually worked. For these falsely reported hours, Medicaid paid LIBERTY almost $83,000.

A. Recipient A.I.

When recipient A.I. was interviewed by MFCU investigators, A.I. stated that she had only one PCA, Nadia. A.I. stated that Nadia would leave for another job in the middle of her shift. Nadia could not have worked the hours that LIBERTY submitted claims for in her name, when she was at other employment. For example, on March 21, 2022, RASHID, through LIBERTY, reported Nadia provided ten hours of PCA services to A.I. Nadia also reported working 13 ½ hours at other employment. Nadia could not have worked three jobs for 23 ½ total hours in one day and still been able to drive between the work locations. Nadia admitted that she did not provide the hours claimed but said that RASHID dictated what went on the timesheets.

RASHID did not keep and store time sheets as required, nor did he report the actual hours a PCA worked. RASHID did submit claims reporting services for A.I., when she was not actually receiving any services. Nadia stated that RASHID would pay her but would take a larger share of the money. Medicaid reimbursed RASHID more than $35,000.

B. Recipient C.C.

Nadia stated that she did not work for any males but later corrected herself and said she would not see a male undressed but would cook and clean. When asked about C.C., Nadia stated she did provide services to him. The MFCU investigator pointed out that Nadia indicated she would assist with dressing, bathing, and toileting, which she had indicated were services she did not provide to males, Nadia stated she would pick out clothes, or fill a bucket with water, but admitted she was not present while he showered or used the bathroom. Nadia was also asked about transfers (for PCA services a transfer is assisting a recipient with movement for daily living, such as helping in or out of bed, or to get to the bathroom). Regarding transfers, Nadia stated that UCare would arrange rides to appointments. Nadia admitted that she did not provide the services she described on the time sheets for men, yet RASHID submitted claims reporting that she provided up to 10 hours a day of services to C.C. between October 2020 and March 2022. For these falsely reported claims, RASHID received over $25,000 in Medicaid funds.

C. Recipient H.H.

Recipient H.H. spoke with MFCU investigators. H.H. stated that she received services from Nadia. H.H. stated that her current PCAs are not being paid. H.H. indicated concern for Nadia because Nadia was also signed in elsewhere, while providing services to H.H. H.H. was not sure if the signature on a timesheet was hers. On multiple occasions between August and December 2020, PCA services were billed reporting Nadia worked with H.H., when she did not. RASHID directed Nadia to report more hours than she had actually worked. For these services, RASHID, through LIBERTY, received over $2,000.

D. Recipient R.F.

Recipient R.F. was another of the recipients RASHID submitted claims listing Nadia as R.F.'s service provider. When MFCU investigators went to R.F.'s apartment to speak with him, he was not home. However, the leasing manager spoke with MFCU investigators and stated that she lives in the building and had never seen R.F. with a PCA and added that R.F. appeared very self-sufficient. RASHID submitted claims between March 2020 and July 2021, reporting Nadia provided services to R.F., that were not provided. For these services, Medicaid reimbursed LIBERTY over $28,000.

E. Recipient S.M.

RASHID submitted claims reporting that Nadia provided around 200 hours of PCA services to S.M. Nadia stated that she had only worked for two recipients at LIBERTY; S.M. was not one of those recipients. RASHID, through LIBERTY received almost $5,000 in Medicaid funds for these falsely reported services.

F. Recipient Y.A.

Y.A. was a recipient of PCA services through LIBERTY. RASHID submitted claims reporting that Nadia provided Y.A. with around 200 hours of PCA services in January and February 2021. However, Y.A. was not one of the recipient Nadia identified providing services to while she worked at LIBERTY. For these false claims, RASHID, through LIBERTY, received over $5,500.

G. Recipient Ab.Ab.

MFCU investigators spoke with recipient Ab.Ab., who received services through LIBERTY between 2020 and 2025. Durn the interview, Ab.Ab. stated that he had two PCAs who provided services to him through LIBERTY. Ab.Ab. stated that the two PCAs provided him with nine hours of PCA services daily, and that the services included cooking, cleaning, therapy and massages.

RASHID, through LIBERTY, submitted claims for PCA services to Ab.Ab., listing 14 different PCAs. RASHID submitted claims for twelve PCAs who Ab.Ab. stated did not provide any services to him. For these services that RASHID claimed, but the recipient, Ab.Ab. did not receive, Medicaid paid LIBERTY over $97,000.

H. Recipient Ai.Al.

Ai.Al., a minor child, received PCA services through LIBERTY between July 2020 and June 2022. During this time, RASHID submitted claims reporting that Ai.Al. received up to ten hours a day of PCA services. Ai.Al.'s sister, Nemo, was Ai.Al.'s sole PCA. Nemo stated that they always ran out of hours and were only with LIBERTY for six to twelve months. Yet RASHID submitted claims reporting over 3,000 hours of services provided to Ai.Al. by PCAs other than Nemo. For these falsely submitted claims, RASHID, through LIBERTY, received more than $50,000.

I. Recipient O.M.

Recipient O.M. is a minor child, who received PCA services, as well as night supervision and respite care. O.M.'s family stated there were three care providers who worked with O.M. for 14 hours a day. O.M's family further stated that no nurse or QP from LIBERTY came to check on the services O.M. received.

RASHID submitted claims reporting over 2,000 hours of PCA services between June 2020 and February 2022, that were provided by a PCA that O.M.'s family said was not a PCA for O.M. RASHID further submitted claims for six QP visits to O.M. when the family did not have a nurse visit. For these falsely submitted claims, RASHID, through LIBERTY, received over $55,000.

In total, for all recipients identified in the complaint and for service dates starting in March 2020 and continuing through February 2025, RASHID conspired with staff at LIBERTY to report claims for services that were not provided and received over $300,000 in Medicaid funds.

IV. LIBERTY's Bank accounts

RASHID set up bank accounts for LIBERTY at Wells Fargo and Bank of America. Medicaid payments were direct deposited into a LIBERTY account at Bank of America. RASHID would wire funds from the Bank of America account to a LIBERTY account at Wells Fargo. From the Wells Fargo account, RASHID paid PCAs and recipients. For example, on September 3, 2020, RASHID wrote a check to recipient R.F. for $300. In my training and experience, I know that when a Medicaid funded company is paying recipients, they are often providing kickbacks to induce the recipient to receive services from their agency. Kickbacks were prohibited under federal law for the entire duration identified in the complaint, and became separate State crimes in 2025.

In addition to a payroll check made out to Nadia on September 17, 2020, there were two handwritten checks to Nadia dated September 16, 2020, totaling over $900. Additionally, the Wells Fargo account paid for things such as a membership to Lifetime Fitness, and in October 2021, had an international payment for a purchase from Istanbul, Turkey for over $1,100. Followed by more multiple purchases in Istanbul on January 2022, for more than $2,000. There were also regular charges at coffee shops and restaurants around the Twin Cities, and for a time a reoccurring payment to Smart Start, an ignition interlock device company. There were cash withdrawals from this account, including two on March 14, 2022, totaling $7,500.

In addition to transferring some of the Medicaid funds received into the Bank of America account to the Wells Fargo account, there were many purchases and withdrawals through the Bank of America account for items unrelated to the operation of a Medicaid-funded business. Purchases included regular Doordash deliveries, hotels and food in Dubai in both 2024 and 2025, as well as a purchase at a Dubai jewelry store for more than $2,000 and plane tickets. Some of the cash withdrawals were for cashier's checks from LIBERTY to RASHID including at least $80,000 in 2021 and $100,000 in 2022. On August 16, 2022, $160,000 was withdrawn from LIBERTY's bank account through a cashier's check. In November 2021, RASHID withdrew $170,000 from LIBERTY's account within three days. In November 2020, there were seven cash withdrawals totaling $95,000 and another withdrawal for a cashier's check for $60,045. A trip to Nairobi, Kenya was purchased in November 2022. There were also many Doordash, meals, and coffee purchased for recipient. O.A., which, as noted above, are indicative of kickbacks paid to recipients.

CONCLUSION

From August 2020 through February 2025, RASHID engaged in an extensive plan to defraud the Medicaid program. Through LIBERTY, RASHID submitted or directed the submission of claims for services that were not eligible for reimbursement because they were not provided at all or were not provided in accordance with Minnesota law. RASHID used recipients, PCAs, and care givers to falsely report that PCA services were being 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; in some instances, a claim was false for multiple separate reasons. There are over 3,300 individual claims that comprise the overall totals of the complaint. The spreadsheet detailing each fraudulent claim shows that Medicaid paid over $300,000 to LIBERTY based upon the fraudulent claims RASHID submitted or directed to be submitted. Aggregated into six months charging periods by warrant date (the date the claim was paid), RASHID aided and abetted in fraudulent schemes and caused the Medicaid program to overpay as follows:

- Count 1 - between October 8, 2024, and February 25, 2025, Medicaid paid out more than $1,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

- Count2 - between February 27, 2024, and July 30, 2024, Medicaid paid out more than $5,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

- Count 3 - between June 21, 2023, and December 19, 2023, Medicaid paid out more than $5,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

- Count 4 - between December 20, 2022, and June 6, 2023, Medicaid paid out more than $35,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

- Count 5 - between June 22, 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 6 - between December 7, 2021, and May 24, 2022, Medicaid paid out more than $35,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

- Count 7 - between May 25, 2021, and November 23, 2021, Medicaid paid out more than $35,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

- Count 8 - between November 24, 2020, and May 11, 2021, Medicaid paid out more than $35,000 in Medicaid funds based upon Defendant's fraudulent submissions for PCA and Waivered services.

- Count 9 – between August 18, 2020, and November 10, 2020, Medicaid paid out more than $35,000 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

Nicholas Burkhalter
Investigator
445 Minnesota Street
Suite 1400
St. Paul, MN 55101

Electronically Signed:
08/17/2026 10:57 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:
08/17/2026 09:47 AM

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: August 17, 2026.

Judicial Officer Stacy Stennes
Judge

Electronically Signed: 08/17/2026 12:43 PM

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

COUNTY OF RAMSEY
STATE OF MINNESOTA

State of Minnesota

Plaintiff

vs.

Mohamed Haji Rashid

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

Name:	Mohamed Haji Rashid
DOB:	01/01/1966
Address:	5538 W Danube Road Fridley, MN 55432
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 prosecutor on this case is the Medicaid Fraud Control Unit of the Attorney General's Office. The State is not available for a first appearance 9/2, 9/3, 9/14, 9/16.
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	10/8/2024	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105H	X	MN062015A	20250008
	Penalty	10/8/2024	609.52.3(3)(a) Theft - Value of property or services $1001 - $5,000	Felony	U105H	X	MN062015A	20250008
	Modifier	10/8/2024	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105H	X	MN062015A	20250008
2	Charge	2/27/2024	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20250008
	Penalty	2/27/2024	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20250008
	Modifier	2/27/2024	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20250008
3	Charge	6/21/2023	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20250008
	Penalty	6/21/2023	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20250008
	Modifier	6/21/2023	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20250008
4	Charge	12/20/2022	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250008
	Penalty	12/20/2022	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250008
	Modifier	12/20/2022	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250008
5	Charge	6/22/2022	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U105G	X	MN062015A	20250008
	Penalty	6/22/2022	609.52.3(2) Theft - Value over $5,000 or trade secret, explosive, Controlled Substance I or II	Felony	U105G	X	MN062015A	20250008
	Modifier	6/22/2022	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U105G	X	MN062015A	20250008
6	Charge	12/7/2021	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250008
	Penalty	12/7/2021	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250008
	Modifier	12/7/2021	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250008
7	Charge	5/25/2021	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250008
	Penalty	5/25/2021	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250008
	Modifier	5/25/2021	609.05.1 Liability for Crimes of	No-Level	U1059	X	MN062015A	20250008

			Another-Intentional					
8	Charge	11/24/2020	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250008
	Penalty	11/24/2020	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250008
	Modifier	11/24/2020	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250008
9	Charge	8/18/2020	609.52.2(a)(3)(iii) Theft-Medical costs	Felony	U1059	X	MN062015A	20250008
	Penalty	8/18/2020	609.52.3(1) Theft - Firearm or property value over $35,000	Felony	U1059	X	MN062015A	20250008
	Modifier	8/18/2020	609.05.1 Liability for Crimes of Another-Intentional	No-Level	U1059	X	MN062015A	20250008