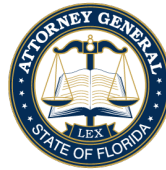


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OFFICE OF
ATTORNEY GENERAL
ASHLEY MOODY
— Stronger, Safer Florida —

Florida Attorney General's Office News Release

AG Moody Announces Arrest of Services Provider for More Than \$50,000 in Medicaid Provider Fraud



TALLAHASSEE, Fla.—Attorney General Ashley Moody’s Medicaid Fraud Control Unit, with the assistance of the Jacksonville Sheriff’s Office, announced the arrest of the owner of a company providing personal supports services to Medicaid recipients. Sheretta Qushawn Joseph is accused of submitting claims to Medicaid for persons with disabilities for services not rendered—resulting in a loss of \$50,000 to the program.

Attorney General Ashley Moody said, “Taking advantage of Medicaid not only harms the government program, it also rips off Florida taxpayers. This owner of a personal supports services company drastically overbilled Medicaid by more than \$50,000. Thanks to our Medicaid Fraud Control Unit, this owner’s scheme is over, and she will now answer for her crimes.”

According to the investigation, Joseph owned and operated Caring Hands Supports & Services LLC, a personal supports health care provider that provides assistance and training to recipients in daily-living activities. In this capacity, Joseph billed Medicaid for services the company provided and paid employees for the time worked.

The investigation revealed Joseph billed Medicaid for \$55,423 in services never provided to recipients, some of whom with disabilities, submitting falsified service logs in excess of the hours of service actually performed. Supported by witness accounts, incomplete documentation and bank records, investigators discovered Joseph did not pay workers for the total hours claimed to Medicaid and intentionally received the overpayments.

Joseph faces one count of Medicaid provider fraud \$50,000 or more, a first-degree felony. Attorney General Moody's MFCU will prosecute the case through an agreement with the State Attorney's Office for the Fourth Judicial Circuit.

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The Florida Attorney General's Medicaid Fraud Control Unit investigates and prosecutes providers that intentionally defraud the state's Medicaid program through fraudulent billing practices. Medicaid fraud essentially steals from Florida's taxpayers. Additionally, the MFCU investigates allegations of patient abuse, neglect, and exploitation in facilities receiving payments under the Medicaid program.

The Florida MFCU is funded through a grant totaling \$29,707,695 for Federal Fiscal Year 2024, from the U.S. Department of Health and Human Services-Office of Inspector General. The Federal Share of these funds is 75% totaling \$22,280,772. The State Matching Share of these funds is 25% totaling \$7,426,923 and is funded by Florida.