

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: ALLEGHENY

Magisterial District Number: 05-2-36  
M.D.: Hon. JAMES J. HANLEY, JR.  
Address: 4371 MURRAY AVENUE  
PITTSBURGH, PA 15217

Telephone: (412)521-7782



DEFENDANT:

JAMES

First Name

POLICE CRIMINAL COMPLAINT  
COMMONWEALTH OF PENNSYLVANIA  
VS.

(NAME and ADDRESS):

RICCARDO

PAGE

Middle Name

Last Name

Gen.

(LKA) 660 1/2 1<sup>ST</sup> STREET  
BRADDOCK, PA 15104

NCIC Extradition Code Type

<input type="checkbox"/> 1-Felony Full	<input type="checkbox"/> 5-Felony Pending Extradition	<input type="checkbox"/> C-Misdemeanor Surrounding States	<input type="checkbox"/> Distance: _____
<input type="checkbox"/> 2-Felony Limited	<input type="checkbox"/> 6-Felony Pending Extradition Determ.	<input type="checkbox"/> D-Misdemeanor No Extradition	
<input checked="" type="checkbox"/> 3-Felony Surrounding States	<input type="checkbox"/> A-Misdemeanor Full	<input type="checkbox"/> E-Misdemeanor Pending Extradition	
<input type="checkbox"/> 4-Felony No Extradition	<input type="checkbox"/> B-Misdemeanor Limited	<input type="checkbox"/> F-Misdemeanor Pending Extradition Determ.	

DEFENDANT IDENTIFICATION INFORMATION

Docket Number <b>CR 78-18</b>	Date Filed <b>04/19/18</b>	OTN/LiveScan Number <b>U597A3A-5</b>	Complaint/Incident Number <b>MF116-1330</b>	SID <b>337-81-14-8</b>	Request Lab Services? <input type="checkbox"/> YES <input type="checkbox"/> NO		
GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DOB 11/03/1987	Place of Birth Pennsylvania	Add'l DOB / /	Co-Defendant(s) <input type="checkbox"/>	Gen.		
AKA	First Name	Middle Name	Last Name				
RACE <input type="checkbox"/> White <input type="checkbox"/> Asian	<input checked="" type="checkbox"/> Black	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown				
ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input checked="" type="checkbox"/> Unknown						
Hair Color <input checked="" type="checkbox"/> BLK (Black) <input type="checkbox"/> PNK (Pink)	<input type="checkbox"/> BLN (Blonde / Strawberry) <input type="checkbox"/> PLE (Purple)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> ONG (Orange)	<input type="checkbox"/> BRO (Brown) <input type="checkbox"/> RED (Red/Aubn.)	<input type="checkbox"/> GRY (Gray) <input type="checkbox"/> SDY (Sandy)	<input type="checkbox"/> GRN (Green) <input type="checkbox"/> WHI (White) (Unk./Bald)		
Eye Color <input type="checkbox"/> HAZ (Hazel)	<input type="checkbox"/> BLU (Blue) <input type="checkbox"/> MAR (Maroon)	<input checked="" type="checkbox"/> BRO (Brown) <input type="checkbox"/> PNK (Pink)	<input type="checkbox"/> GRY (Green) <input type="checkbox"/> MUL (Multicolored)	<input type="checkbox"/> GRY (Gray) <input type="checkbox"/> XXX (Unknown)			
Driver License	State PA	License Number 28 859 369	Expires 11/04/2020	Weight 260 lbs.			
Defendant Fingerprinted <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FBI Number 926374MC1			Height 6 Ft. 0 In.			
Fingerprint Classification PATTERN	MNU Number						
DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	DNA Location			Defendant a Veteran? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DEFENDANT VEHICLE INFORMATION							
Plate Number	State	Hazmat <input type="checkbox"/>	Registration Sticker (MM/YY)	Commercial Veh. <input type="checkbox"/>	School Veh. <input type="checkbox"/>	Oth. NCIC Veh. Code	Reg. same as Def. <input type="checkbox"/>
VIN	Year	Make	Model	Style	Color		

Office of the attorney for the Commonwealth  Approved  Disapproved because: \_\_\_\_\_

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

DAG EDWARD SONG

(Name of the attorney for the Commonwealth)

(Signature of the attorney for the Commonwealth)

/ /  
(Date)

I, **SPECIAL AGENT MATTHEW M. SEEFELD**  
(Name of the Affiant)

**BADGE #455**

(PSP/MPOETC -Assigned Affiant ID Number & Badge #)

of **Pennsylvania Office of Attorney General**

**PA0222400**

(Identify Department or Agency Represented and Political Subdivision)

(Police Agency ORI Number)

do hereby state: (check appropriate box)

1.  I accuse the above named defendant who lives at the address set forth above

I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_

I accuse the defendant whose name and popular designation or nickname are unknown to me and whom I have therefore designated as John Doe or Jane Doe

with violating the penal laws of the Commonwealth of Pennsylvania at [410]

(Subdivision Code)

Braddock Boro

(Place-Political Subdivision)

in ALLEGHENY County

[02]

(County Code)

on or about 11/04/2014 - 04/08/2016



# POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number MF116-1330
Defendant Name:	First: JAMES	Middle: RICCARDO	Last: PAGE

The acts committed by the accused are described below with each Act of Assembly or statute allegedly violated, if appropriate. When there is more than one offense, each offense should be numbered chronologically.

(Set forth a brief summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated. The age of the victim at the time of the offense may be included if known. In addition, social security numbers and financial information (e.g. PINs) should not be listed. If the identity of an account must be established, list only the last four digits. 204 PA.Code §§ 213.1 – 213.7.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____			
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Lead? <input checked="" type="checkbox"/>	Offense# <b>1</b>	Section <b>1407</b>	Subsection <b>A1</b>	PA Statute (Title) <b>of the 62</b>	Counts <b>1</b>	Grade <b>F3</b>	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)				Accident Number <b>_____</b>	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Statute Description (include the name of statute or ordinance): **PROVIDER PROHIBITED ACTS**

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____				
Lead? <input type="checkbox"/>	Offense# <b>2</b>	Section <b>3922</b>	Subsection <b>A1</b>	PA Statute (Title) <b>of the 18</b>	Counts <b>1</b>	Grade <b>F3</b>	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)				Accident Number <b>_____</b>	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense: On or about November 4, 2014, through April 8, 2016, the actor, James Page, acting as a personal care attendant (PCA) through the Pennsylvania Independence Waiver for Medical Assistance (MA) consumer, Marianne Page, knowingly submitted false information for the purpose of obtaining greater compensation than that to which he is legally entitled for furnishing services under MA. Namely, the actor submitted and/or caused to be submitted fraudulent timesheets and/or claims for services he did not render in violation of 62 P.S. §1407 (a) (1).

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____				
Lead? <input type="checkbox"/>	Offense# <b>2</b>	Section <b>3922</b>	Subsection <b>A1</b>	PA Statute (Title) <b>of the 18</b>	Counts <b>1</b>	Grade <b>F3</b>	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)				Accident Number <b>_____</b>	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Statute Description (include the name of statute or ordinance): **THEFT BY DECEPTION**

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____				
Lead? <input type="checkbox"/>	Offense# <b>2</b>	Section <b>3922</b>	Subsection <b>A1</b>	PA Statute (Title) <b>of the 18</b>	Counts <b>1</b>	Grade <b>F3</b>	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)				Accident Number <b>_____</b>	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Acts of the accused associated with this Offense: On or about November 4, 2014, through April 8, 2016, the actor, James Page, acting as a personal care attendant (PCA) through the Pennsylvania Independence Waiver for Medical Assistance (MA) consumer, Marianne Page, intentionally obtained or withheld property of another by deception. Namely, the actor submitted fraudulent timesheets for services he did not render and obtained U.S. currency to which he was not entitled in an amount greater than \$2,000.00 in violation of 18 P.S. §3922 (a) (1).

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	Number of Victims Age 60 or Older _____				
Lead? <input type="checkbox"/>	Offense# <b>2</b>	Section <b>3922</b>	Subsection <b>A1</b>	PA Statute (Title) <b>of the 18</b>	Counts <b>1</b>	Grade <b>F3</b>	NCIC Offense Code	UCR/NIBRS Code
PennDOT Data (if applicable)				Accident Number <b>_____</b>	<input type="checkbox"/> Interstate	<input type="checkbox"/> Safety Zone	<input type="checkbox"/> Work Zone	

Statute Description (include the name of statute or ordinance):

Acts of the accused associated with this Offense:								
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## POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number MF116-1330
Defendant Name:	First: JAMES	Middle: RICCARDO	Last: PAGE

2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
3. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.
4. This complaint consists of the preceding page(s) numbered 1 through 2.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.

**(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)**

June 19, 2018

(Date)

(Signature of Affiant)

AND NOW, on this date

June 19, 2018

I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

OT-8-36

(Magisterial District Court Number)

(Issuing Authority)

JAMES J. HANLEY, JR.  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2-36  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024

**POLICE CRIMINAL COMPLAINT**

Docket Number:	Date Filed: / /	OTN/LiveScan Number		Complaint/Incident Number MF116-1330
Defendant Name:	First: JAMES	Middle: RICCARDO	Last: PAGE	

**AFFIDAVIT of PROBABLE CAUSE**

Your affiant is Matthew Seefeld, presently employed as a Special Agent for the Pennsylvania Office of Attorney General, Medicaid Fraud Control Section. Your affiant has been assigned to investigate an allegation that personal care attendant (PCA), James Page (J. Page), billed for services that were not provided to Medical Assistance (MA) consumer, Marianne Page (M. Page).

Your affiant has become familiar with the operation of the Department of Human Services (DHS) MA program. DHS providers participating in the program receive money to pay for PCA services. Providers receive MA waiver consumer employee timesheets from these individuals for the PCA services, which they allegedly provide. Relying on the integrity of these timesheets, the provider pays for the services utilizing MA funds.

The DHS Independence Waiver helps Pennsylvanians live in their community and remain as independent as possible through support, such as PCA services. Brightstar of Southwest Pittsburgh (Brightstar) employs PCAs who are trained to deliver professional and compassionate care in the comfort and familiarity of the consumer's home. The fiscal intermediary for Brightstar and a PCA is Seba Abode Inc.

Your affiant obtained J. Page's timesheets from Brightstar and Paradies Lagardère Travel Retail (Paradies). Austin Kaminski (Kaminski), an analyst for the Pennsylvania Office of Attorney General, Medicaid Fraud Control Section, reviewed these timesheets and determined that there was employment overlap. In essence, J. Page billed Brightstar for work allegedly rendered to M. Page that was not possible to have been performed. Kaminski reported that from November 4, 2014, to April 8, 2016, J. Page billed Brightstar for 1,327.06 hours while he was actually working at Paradies. The monetary value of fraud amounted to \$13,179.90.

Your affiant obtained HCSIS notes, which are notes containing information that is reported by the service coordinator who is overseeing the consumer's PCA services. The following two (2) HCSIS notes pertain to J. Page not providing services to M. Page:

1. According to the April 14, 2016, HCSIS note, "Marianne's son (who is her attendant) wasn't clocking in and out... It appeared that Marianne was trying to cover for her son."
2. According to the April 18, 2016, HCSIS note, "SC received a phone call from Marianne Page stating that her son found another job and that he won't be working for her anymore... According to the report from the PAS agency, attendant has not been performing duties associated within consumer's current ISP as it was reported that the attendant hasn't been going to consumer's home for the 39 HRS/WK."

According to the April 18, 2016, HCSIS note, M. Page stated that J. Page found another job; however, the timesheets your affiant obtained from Paradies report that J. Page's has been working for Paradies since November 4, 2014.



# POLICE CRIMINAL COMPLAINT

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Defendant Name:	First: JAMES	Middle: RICCARDO	Last: PAGE	

During a conversation with J. Page, he stated to your affiant that he is nervous and scared to death because he is aware that the hours he reported to have worked at Brightstar and Paradies overlapped.

Based on the information, your affiant believes that there is probable cause for the issuance of an arrest warrant for J. Page.

I, SPECIAL AGENT MATTHEW M. SEEFELD, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

(Signature of Affiant)

Sworn to me and subscribed before me this

6/19/18 Date

1946

day of

JUNE

2018

My commission expires first Monday of January,

, Magisterial District Judge

JAMES J. HANLEY, JR.,  
MAGISTERIAL DISTRICT JUDGE  
MAGISTERIAL DISTRICT 05-2136  
MY COMMISSION EXPIRES ON THE  
FIRST MONDAY IN JANUARY, 2024