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13 **Attorneys for State of Nevada**

8 **DISTRICT COURT**
9
10 **CLARK COUNTY, NEVADA**

11 **THE STATE OF NEVADA,**

12 **Plaintiff,**

13 **vs.**

14 **ARIELL OLIVIA DIX (a/k/a Ariella Olivia**
15 **Dix), ID #7083836;**

16 **Defendant.**

Case No. C-23-370750-3

Dept. No. 7

17 **GUILTY PLEA AGREEMENT (FIRST AMENDED)**

18 I, ARIELL OLIVIA DIX, hereby agree to plead guilty to: ONE (1) COUNT of
19 **SUBMITTING FALSE CLAIMS: MEDICAID FRAUD**, a Category D Felony in violation
20 of NRS 422.540(1)(a) and NRS 422.540(2)(a) [NOC 56141]; and ONE (1) COUNT of
21 **OBTAINING AND USING PERSONAL IDENTIFYING INFORMATION OF AN**
22 **OLDER PERSON FOR UNLAWFUL PURPOSE**, a Category B Felony in violation of
23 NRS 205.463(1) and 205.463(3)(a) [NOC 50720], as more fully alleged in the Second
24 Amended Indictment attached hereto as Exhibit 1.

25 My decision to plead guilty is based upon the plea agreement in this case, which is
26 stipulated as follows:

27 ///

28 ///

1 1. Defendant agrees to pay restitution in the total amount of Nine Hundred
2 Thousand Dollars (\$900,000.00) to Nevada Medicaid, made payable to the Nevada Attorney
3 General's Office.

4 2. Defendant agrees to pay Five Hundred Thousand Dollars (\$500,000.00) to the
5 Nevada Attorney General's Office, Medicaid Fraud Control Unit, for enforcement costs.

6 3. The State agrees not to pursue recovery of civil penalties pursuant to NRS
7 422.580.

8 4. The State and Defendant jointly recommend a suspended sentence of
9 imprisonment of Twelve (12) to Thirty-Six (36) months as to Medicaid Fraud.

10 5. The State and Defendant jointly recommend a suspended sentence of
11 imprisonment of Forty-Eight (48) to One Hundred Twenty (120) months as to Obtaining
12 and Using Personal Identifying Information of an Older Person for Unlawful Purpose. The
13 State and Defendant jointly recommend that said sentences run concurrently.

14 6. The State does not oppose imposition of a term probation with reasonable
15 conditions. The parties jointly recommend that as a condition of probation, Defendant be
16 ordered to serve 364 days flat time in the Clark County Detention Center.

17 7. The parties jointly recommend that the sentences imposed in this case (C-23-
18 370750-3), Eighth Judicial District Court case number C-24-388181-11, and Eighth
19 Judicial District Court case number C-24-383125-5 be ordered to run concurrently. The
20 parties also jointly recommend that the sentences run consecutive to Maricopa County,
21 Arizona, case numbers 2021-002107-005 and 2023-006554-003.

22 8. The State and Defendant stipulate that this plea represents a global
23 resolution of this case (C-23-370750-3), Eighth Judicial District Court case number C-24-
24 388181-11, and Eighth Judicial District Court case number C-24-383125-5, as follows:

25 a. *In case number C-24-383125-5:*

26 i. Defendant will agree to plead guilty to one (1) count of Submitting
27 False Claims: Medicaid Fraud, a Category D Felony in violation of
28 NRS 422.540(1)(a) and NRS 422.540(2)(a).

1 ii. The State and Defendant jointly recommend a suspended sentence
2 of imprisonment of Twelve (12) to Thirty-Six (36) months to run
3 concurrent with case numbers C-23-370750-3 and C-24-388181-11,
4 and consecutive to Maricopa County, Arizona, case numbers 2021-
5 002107-005 and 2023-006554-003.

6 iii. The State does not oppose imposition of a term probation with
7 reasonable conditions. The parties jointly recommend that as a
8 condition of probation, Defendant be ordered to serve 364 days flat
9 time in the Clark County Detention Center.

10 iv. Defendant will agree to pay restitution in the total amount of Three
11 Million Dollars (\$3,000,000.00) to Nevada Medicaid, made payable
12 to the Nevada Attorney General's Office (joint and several with co-
13 defendants so ordered).

14 v. Defendant will agree to pay Five Hundred Thousand Dollars
15 (\$500,000.00) to the Nevada Attorney General's Office, Medicaid
16 Fraud Control Unit, for enforcement costs.

17 vi. The State agrees not to pursue recovery of civil penalties pursuant
18 to NRS 422.580 in the total amount of Two Hundred Eighty-Six
19 Million, Five Hundred Fifty-Three Thousand, Seven Hundred
20 Seventy-Four Dollars and Ninety-Three Cents (\$286,553,774.93).

21 vii. The State agrees to dismiss all remaining counts against Defendant
22 when Defendant is adjudged guilty and sentenced.

23 b. *In case number C-24-388181-11:*

24 i. Defendant will agree to plead guilty to one (1) count of Submitting
25 False Claims: Medicaid Fraud, a Category D Felony in violation of
26 NRS 422.540(1)(a) and NRS 422.530(2)(a), and one (1) count of
27 Attempted Racketeering, a Category B Felony in violation of NRS
28 207.400 and NRS 193.153(1)(a)(2).

- 1 ii. The State and Defendant jointly recommend a suspended sentence
2 of imprisonment of Twelve (12) to Thirty-Six (36) months as to
3 Medicaid Fraud.
- 4 iii. The State and Defendant jointly recommend a suspended sentence
5 of imprisonment of Forty-Eight (48) to One Hundred Twenty (120)
6 months as to Attempted Racketeering. The State and Defendant
7 jointly recommend that said sentences run concurrently.
- 8 iv. The State does not oppose imposition of a term probation with
9 reasonable conditions. The parties jointly recommend that as a
10 condition of probation, Defendant be ordered to serve 364 days flat
11 time in the Clark County Detention Center.
- 12 v. The parties jointly recommend that the sentences imposed in this
13 case (C-24-388181-11), Eighth Judicial District Court case number
14 C-23-370750-3, and Eighth Judicial District Court case number C-
15 24-383125-5 be ordered to run concurrently. The parties also jointly
16 recommend that the sentences run consecutive to Maricopa County,
17 Arizona, case numbers 2021-002107-005 and 2023-006554-003.
- 18 vi. Defendant will agree to pay restitution in the total amount of Two
19 Million, One Hundred Thousand Dollars (\$2,100,000.00) to Nevada
20 Medicaid, made payable to the Nevada Attorney General's Office
21 (joint and several with co-defendants so ordered).
- 22 vii. Defendant will agree to pay Five Hundred Thousand Dollars
23 (\$500,000.00) to the Nevada Attorney General's Office, Medicaid
24 Fraud Control Unit, for enforcement costs.
- 25 viii. The State agrees not to pursue recovery of civil penalties pursuant
26 to NRS 422.580 in the total amount of One Hundred Fifty-Four
27 Million, Eight Hundred Twenty Thousand, One Hundred Sixty-
28 Nine Dollars and Sixty-One Cents (\$154,820,169.61).

1 ix. The State agrees to dismiss all remaining counts against Defendant
2 when Defendant is adjudged guilty and sentenced.

3 9. Defendant agrees to pay all fines and costs imposed by the Court.

4 10. The State agrees that all remaining counts against Defendant contained in
5 the original Indictment shall be dismissed when Defendant is adjudged guilty and
6 sentenced.

7 11. Defendant agrees to waive any defects or infirmities as to the form of the
8 charging document attached as Exhibit 1. Defendant understands that, pursuant to NRS
9 176.015(3), victims so desiring will be allowed to make impact statements.

10 Defendant understands and agrees that if Defendant fails to interview with the
11 Department of Parole and Probation, fails to appear at any subsequent hearings in this
12 case, or an independent judge or magistrate, by affidavit review or other satisfactory proof,
13 confirms probable cause against Defendant for new criminal charges, including reckless
14 driving or DUI, but excluding minor traffic violations, the State will have the unqualified
15 right to argue for any legal sentence and term of confinement allowable for the crime(s) to
16 which Defendant is pleading guilty, including the use of any prior convictions Defendant
17 may have to increase Defendant's sentence as a habitual criminal to five (5) to twenty (20)
18 years, life without the possibility of parole, life with the possibility of parole after ten (10)
19 years, or a definite twenty-five (25) year term with the possibility of parole after ten (10)
20 years. Otherwise, Defendant is entitled to receive the benefits of these negotiations as
21 stated in the plea agreement.

22 **CONSEQUENCES OF THE PLEA**

23 I understand that by pleading guilty I admit the facts that support all the elements
24 of the offenses to which I now plead as set forth in the Second Amended Indictment on file
25 herein. (Exhibit 1).

26 I understand that as a consequence of my plea of guilty to **SUBMITTING FALSE**
27 **CLAIMS: MEDICAID FRAUD**, a Category D Felony, I may be punished by imprisonment
28 in the state prison for a **MINIMUM** term of not less than **ONE (1) YEAR** and a

1 **MAXIMUM** term of not more than **FIVE (5) YEARS**. In addition to any other penalty, the
2 court may impose a fine of up to **FIVE THOUSAND DOLLARS (\$5,000.00)**, unless a
3 greater fine is authorized or required by statute.

4 I understand that as a consequence of my plea of guilty to **OBTAINING AND**
5 **USING PERSONAL IDENTIFYING INFORMATION OF AN OLDER PERSON FOR**
6 **UNLAWFUL PURPOSE**, a Category B Felony, I may be punished by imprisonment in
7 the state prison for a **MINIMUM** term of not less than **THREE (3) YEARS** and a
8 **MAXIMUM** term of not more than **TWENTY (20) YEARS**. In addition to any other
9 penalty, the court may impose a fine of up to **ONE HUNDRED THOUSAND DOLLARS**
10 **(\$100,000.00)**, unless a greater fine is authorized or required by statute.

11 I understand that the minimum term may not exceed 40% of the maximum term.

12 I understand that the law requires me to pay an Administrative Assessment Fee.

13 I understand that, if appropriate, I may be ordered to make restitution to the victim
14 of the offense(s) to which I am pleading guilty and to the victim of any related offense,
15 which is being dismissed or not prosecuted pursuant to this agreement. I will also be
16 ordered to reimburse the State of Nevada for any expenses related to my extradition, if any.

17 I understand that I am eligible for probation for the offenses to which I am pleading
18 guilty. I understand that, except as otherwise provided by statute, the question of whether
19 I receive probation is in the discretion of the sentencing judge.

20 I understand that if more than one sentence of imprisonment is imposed and I am
21 eligible to serve the sentences concurrently, the sentencing judge has the discretion to order
22 the sentences served concurrently or consecutively.

23 I also understand that information regarding charges not filed, dismissed charges,
24 or charges to be dismissed pursuant to this agreement may be considered by the judge at
25 sentencing.

26 I have not been promised or guaranteed any particular sentence by anyone. I know
27 that my sentence is to be determined by the Court within the limits prescribed by statute.
28 I understand that if my attorney or the State or both recommend any specific punishment

1 to the Court, the Court is not obligated to accept the recommendation.

2 I understand that as a consequence of my plea of guilty, if I am not a citizen of the
3 United States, I may, in addition to other consequences provided for by federal law, be
4 removed, deported, excluded from entry into the United States or denied naturalization.

5 I understand as a consequence of my plea of guilty, I may, in addition to other
6 consequences provided by Federal and State law, be excluded from participating in the
7 provision of health care goods and services in Medicare, Medicaid and other health care
8 programs or facilities associated with any federal, state or local government.

9 I understand that I am subject to civil penalties pursuant to NRS 422.580, which
10 include: (a) payment of an amount equal to three times the amount unlawfully obtained;
11 (b) not less than \$5,000 for each false claim, statement or representation; (c) an amount
12 equal to three times the total of the reasonable expenses incurred by the State in enforcing
13 provisions of NRS 422.580; and (d) payment of interest on the amount of the excess
14 payment at the rate fixed pursuant to NRS 99.040 for the period from the date upon which
15 payment was made to the date upon which repayment is made pursuant to the State Plan
16 for Medicaid.

17 I understand that the Division of Parole and Probation may prepare a report for the
18 sentencing judge prior to sentencing. This report will include matters relevant to the issue
19 of sentencing, including my criminal history. This report may contain hearsay information
20 regarding my background and criminal history. My attorney and I will each have the
21 opportunity to comment on the information contained in the report at the time of
22 sentencing. Unless the Deputy Attorney General has specifically agreed otherwise, the
23 Deputy Attorney General may also comment on this report.

24 I understand that if there are still monies owed at the conclusion of probation or
25 upon release from incarceration, whichever is later, then I shall contact the Medicaid Fraud
26 Control Unit (MFCU) to make payment arrangements for the money still owed. I
27 understand that I shall contact the MFCU within thirty (30) days of the court case being
28 closed to set up the payment arrangements. If I do not contact the MFCU to pay the balance

1 owed or set up a payment plan, or I fail to make payments after the court case is closed,
2 then as required under NRS 353C.195, the MFCU will send the matter to the State
3 Controller's Office for debt collection proceedings.

4 WAIVER OF RIGHTS

5 By entering my plea of guilty, I understand that I am waiving and forever giving up
6 the following rights and privileges:

7 1. The constitutional privilege against self-incrimination, including the right to
8 refuse to testify at trial, in which event the prosecution would not be allowed to comment
9 to the jury about my refusal to testify.

10 2. The constitutional right to a speedy and public trial by an impartial jury, free
11 of excessive pretrial publicity prejudicial to the defense, at which trial I would be entitled
12 to the assistance of an attorney, either appointed or retained. At trial the State would bear
13 the burden of proving beyond a reasonable doubt each element of the offenses charged.

14 3. The constitutional right to confront and cross-examine any witnesses who
15 would testify against me.

16 4. The constitutional right to subpoena witnesses to testify on my behalf.

17 5. The constitutional right to testify in my own defense.

18 6. The right to appeal the conviction, with the assistance of an attorney, either
19 appointed or retained unless the appeal is based upon reasonable constitutional
20 jurisdictional or other grounds that challenge the legality of the proceedings and except as
21 otherwise provided in subsection 3 of NRS 174.035.

22 VOLUNTARINESS OF PLEA

23 I have discussed the elements of all of the original charge(s) with my attorney, and
24 I understand the nature of these charge(s) against me.

25 I understand that the State would have to prove each element of the charge against
26 me at trial.

27 I have discussed with my attorney any possible defenses, defense strategies and
28 circumstances which might be in my favor.

1 All of the foregoing elements, collateral consequences, rights, and waiver of rights
2 have been thoroughly explained to me by my attorney.

3 I believe that pleading guilty and accepting this plea bargain is in my best interest
4 and that a trial may be contrary to my best interest.

5 I am signing this agreement voluntarily, after consultation with my attorney, and I
6 am not acting under duress, coercion, or by virtue of any promises of leniency, except for
7 those set forth in this agreement.

8 I am not now under the influence of any intoxicating liquor, a controlled substance
9 or other drug, which would in any manner impair my ability to comprehend or understand
10 this agreement or the proceedings surrounding my entry of this plea.

11 My attorney has answered all my questions regarding this guilty plea agreement
12 and its consequences to my satisfaction and I am satisfied with the services provided by
13 my attorney.

14 DATED this 11th day of August 2025.

15 
16 ARIELL OLIVIA DIX,
17 Defendant

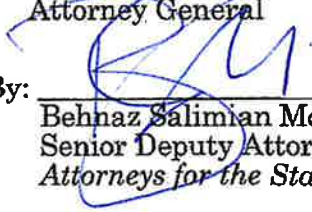
18 **VERIFICATION OF COUNSEL**

19 I have reviewed this matter, and I concur the disposition delineated above is a true
20 and accurate representation as to the negotiations entered into and agreed to by myself on
21 behalf of the State of Nevada with Defendant ARIELL OLIVIA DIX and defense counsel.

22 AGREED to on this 12th day of August 2025.

23 AARON D. FORD
24 Attorney General

25 By:

26 
Behnaz Salimian Molina (Nevada Bar No. 13752)
27 Senior Deputy Attorney General
28 Attorneys for the State of Nevada

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CERTIFICATE OF DEFENSE COUNSEL

I, the undersigned, as the attorney for ARIELL OLIVIA DIX, the defendant named herein, and as an officer of the court hereby certify that:

1. I have fully explained to Defendant the allegations contained in the charges to which guilty plea is being entered.
2. I have advised Defendant of the penalties for each charge and the restitution that Defendant may be ordered to pay.
3. I have inquired of Defendant facts concerning Defendant's immigration status and explained to Defendant that if Defendant is not a United States citizen any criminal conviction will most likely result in serious negative immigration consequences including but not limited to:
 - a. The removal from the United States through deportation;
 - b. An inability to reenter the United States;
 - c. The inability to gain United States citizenship or legal residency;
 - d. An inability to renew and/or retain any legal residency status; and/or
 - e. An indeterminate term of confinement with the United States Federal Government based on his/her conviction and immigration status.

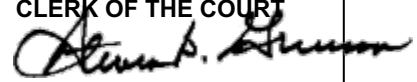
Moreover, I have explained that regardless of what Defendant may have been told by any attorney, no one can promise Defendant that this conviction will not result in negative immigration consequences and/or impact Defendant's ability to become a United States citizen and/or legal resident.

4. All pleas of guilty offered by Defendant pursuant to this agreement are consistent with all the facts known to me, and are made with my advice to Defendant and are in the best interest of Defendant:
5. To the best of my knowledge and belief Defendant:
 - a. Is competent and understands the charges and the consequences of pleading guilty as provided in this agreement;
 - b. Executed this agreement and will enter all guilty pleas pursuant hereto voluntarily; and
 - c. Was not under the influence of intoxicating liquor, a controlled substance, or other drug at the time I consulted with the Defendant as certified in paragraph 1 and 2 above, or at the time of execution of this agreement.

DATED this 12 day of August 2025.


Chris T. Rasmussen, Esq.
Attorney for Defendant Ariell Olivia Dix

EXHIBIT 1



AIND
AARON D. FORD
Attorney General
BEHNAZ SALIMIAN MOLINA (Bar No. 13752)
Senior Deputy Attorney General
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Attorneys for State of Nevada

DISTRICT COURT
CLARK COUNTY, NEVADA

STATE OF NEVADA,

Plaintiff,

vs.

ARIELL OLIVIA DIX (a/k/a Ariella Olivia
Dix), ID #7083836,

Defendant.

Case No. C-23-370750-3

Dept. No. 7

SECOND AMENDED INDICTMENT

The State of Nevada, by and through legal counsel, AARON D. FORD, Nevada Attorney General, and BEHNAZ SALIMIAN MOLINA, Senior Deputy Attorney General, informs this Honorable Court that ARIELL OLIVIA DIX, the defendant above named, has committed the offense of: ONE (1) COUNT of **SUBMITTING FALSE CLAIMS: MEDICAID FRAUD**, a Category D Felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a) [NOC 56141]; and ONE (1) COUNT of **OBTAINING AND USING PERSONAL IDENTIFYING INFORMATION OF AN OLDER PERSON FOR UNLAWFUL PURPOSE**, a Category B Felony in violation of NRS 205.463(1) and 205.463(3)(a) [NOC 50720].¹

¹ This Second Amended Indictment is filed to include the NOC codes corresponding with the charges. No additional charges have been added, and no other edits have been made from the Amended Indictment filed on July 11, 2025.

Defendant committed said offenses in Clark County, Nevada, and/or Washoe County, Nevada, against the State of Nevada, Department of Health & Human Services, Health Care Financing and Policy Division – Nevada Medicaid (Medicaid) in the following manner:

Introductory Allegations

1. From on or about December 20, 2017, through on or about September 4, 2020, GOODNESS BEHAVIORAL HEALTH LLC (GOODNESS BEHAVIORAL HEALTH), a Nevada Limited Liability Company, maintained an agreement with Medicaid to be a provider of services or goods. Under the agreement with Medicaid, GOODNESS BEHAVIORAL HEALTH was a Provider Type 14, which is a Behavioral Health Outpatient Treatment provider. At all times pertinent to these allegations, Defendant ARIELL OLIVIA DIX (DIX) was an owner, agent, managing employee, person with controlling interest and/or representative of GOODNESS BEHAVIORAL HEALTH who was authorized to act on GOODNESS BEHAVIORAL HEALTH'S behalf and had the requisite authority and/or responsibility pursuant to NRS 422.530.

2. At all times pertinent to these allegations, GOODNESS BEHAVIORAL HEALTH maintained business and/or practice locations at the following addresses: (1) 6778 Honeysuckle, Reno, Nevada 89506, which is in Washoe County, Nevada; and/or (2) 6857 West Charleston Boulevard, Las Vegas, Nevada 89117, which is in Clark County, Nevada. At all times pertinent to these allegations, GOODNESS BEHAVIORAL HEALTH was where: (1) various service providers purportedly provided services to Medicaid recipients through GOODNESS BEHAVIORAL HEALTH; (2) claims with Medicaid recipient information were submitted to Medicaid for payment for services purportedly provided by various service providers through GOODNESS BEHAVIORAL HEALTH; (3) false statements or representations were made to obtain authorization to provide services to Medicaid recipients through GOODNESS BEHAVIORAL HEALTH; (4) false statements or representations were made in order to qualify as a Medicaid provider; (5) records for services purportedly provided to Medicaid recipients by various service providers through

1 GOODNESS BEHAVIORAL HEALTH were allegedly maintained; and/or (6) where DIX,
2 through the operation of GOODNESS BEHAVIORAL HEALTH, directed the submission
3 of false claims, statements, and/or representations to Medicaid for payment.

4 3. GOODNESS BEHAVIORAL HEALTH'S business filings with the Nevada
5 Secretary of State list DIX as the Registered Agent of GOODNESS BEHAVIORAL
6 HEALTH. A contract between DIX and co-owner, Emeka Ani (Ani), shows that DIX had
7 5% or more interest in GOODNESS BEHAVIORAL HEALTH, and DIX held herself out as
8 being a person with authority or responsibility to conduct the affairs of GOODNESS
9 BEHAVIORAL HEALTH.

10 4. DIX owned or had a 50% or more ownership interest in two Medicaid-
11 contracted companies, Levada House L.L.C. and Lifetime Assistance, L.L.C. On or about
12 May 17, 2018, DIX and her two companies had their contracts with Medicaid terminated,
13 and they were all permanently sanctioned, which meant they were permanently prohibited
14 from participating in any way with a Medicaid-contracted company.

15 5. From on or about November 8, 2017, through on or about September 4, 2020,
16 Defendant DIX, through the operation of GOODNESS BEHAVIORAL HEALTH and
17 pursuant to a continuing course of conduct, knowingly and with the intent to defraud made
18 and/or caused false statements or representations to be made for use in qualifying as a
19 provider when Defendant knew said statements or representations were false. Defendant
20 DIX was an owner, managing employee, and/or person with controlling interest of
21 GOODNESS BEHAVIORAL HEALTH and, therefore, was required to be disclosed as such
22 to Medicaid. Defendant DIX, on numerous occasions, knowingly failed to make said
23 requisite disclosure.

24 6. On or about May 16, 2022, Medicaid confirmed that had it known about DIX'S
25 involvement with GOODNESS BEHAVIORAL HEALTH, Medicaid would not have
26 approved GOODNESS BEHAVIORAL HEALTH'S Medicaid enrollment application
27 because, at the time, Medicaid was in the process of terminating and permanently
28 sanctioning DIX. Consequently, all of the approximately 12,663 claims submitted through

1 GOODNESS BEHAVIORAL HEALTH and all of the money paid for services allegedly
2 provided through GOODNESS BEHAVIORAL HEALTH, which totaled approximately
3 \$1,247,490.88, were submitted and obtained through concealment of a material fact.
4 Further, Defendant sought to obtain an additional amount of approximately \$571,777.63
5 for services allegedly provided through GOODNESS BEHAVIORAL HEALTH through the
6 aforementioned concealment of material facts.

7 7. From on or about November 8, 2017, through on or about September 4, 2020,
8 DIX, through the operation of GOODNESS BEHAVIORAL HEALTH and pursuant to a
9 continuing course of conduct, knowingly and with the intent to defraud made and/or caused
10 false statements or representations to be made, under penalty of perjury, for use in
11 obtaining or seeking to obtain authorization to provide specific goods or services, knowing
12 the statements or representations to be false. Defendant submitted documentation to
13 Medicaid alleging that various service providers agreed to be linked to the group provider,
14 GOODNESS BEHAVIORAL HEALTH, beginning on certain dates when said providers
15 either denied ever working for GOODNESS BEHAVIORAL HEALTH or denied working
16 for GOODNESS BEHAVIORAL HEALTH during the time periods Defendant alleged on
17 the documentation submitted to Medicaid. Further, at least one service provider lived in
18 another state during the entire time DIX alleged the service provider was rendering
19 services on behalf of GOODNESS BEHAVIORAL HEALTH. DIX knew the service
20 providers did not authorize Defendant to submit said documentation because the service
21 providers never heard of GOODNESS BEHAVIORAL HEALTH, lived in another state
22 during all alleged services dates, or the service providers were hired by DIX after the
23 effective dates alleged on the documentation submitted to Medicaid.

24 8. From on or about November 8, 2017, through on or about September 4, 2020,
25 Defendant DIX, through the operation of GOODNESS BEHAVIORAL HEALTH and
26 pursuant to a continuing course of conduct, made and/or caused false claims to be made to
27 Medicaid for payment under the Medicaid numbers of several Medicaid recipients, a
28 number of which were over the age of 60, for services purportedly provided through

1 GOODNESS BEHAVIORAL HEALTH. Through these claims, DIX represented that
2 various service providers rendered certain behavioral health services that those service
3 providers denied rendering. At least one service provider denied ever working for the
4 company and denied ever hearing about the company. Additionally, Medicaid recipients
5 denied receiving said services through GOODNESS BEHAVIORAL HEALTH as alleged on
6 claims submitted by Defendant to Medicaid for payment. GOODNESS BEHAVIORAL
7 HEALTH acted through the actions of DIX; and DIX intended, at least in part, that her
8 actions benefited GOODNESS BEHAVIORAL HEALTH. As a result of the submission of
9 said false claims, Medicaid made payments to GOODNESS BEHAVIORAL HEALTH,
10 which was then distributed to DIX.

11 9. Medicaid recipients under whose identities DIX, through the operation of
12 GOODNESS BEHAVIORAL HEALTH, submitted false claims who were also over the age
13 of 60 are exemplified by: L.C. (Medicaid ID 365XXXXX001), L.M. (Medicaid ID
14 000XXXXX984), H.C. (Medicaid ID 000XXXXX454), G.B. (Medicaid ID 000XXXXX070),
15 R.O. (Medicaid ID 000XXXXX745), and M.B. (Medicaid ID 564XXXXX001).

16 10. Medicaid recipients under whose identities DIX, through the operation of
17 GOODNESS BEHAVIORAL HEALTH, submitted false claims are exemplified by: A.J.
18 (Medicaid ID 000XXXXX340), M.R. (Medicaid ID 386XXXXX005), M.S. (Medicaid ID
19 000XXXXX355), H.F. (Medicaid ID 000XXXXX950), D.Y. (Medicaid ID 545XXXXX001),
20 D.A. (Medicaid ID 000XXXXX539), B.M. (Medicaid ID 000XXXXX162), V.C. (Medicaid ID
21 000XXXXX243), S.M. (Medicaid ID 435XXXXX002), and M.M. (Medicaid ID
22 000XXXXX438).

23 11. Further, pursuant to the Medicaid Services Manual, GOODNESS
24 BEHAVIORAL HEALTH and DIX are required to maintain appropriate records to support
25 the claims submitted to Medicaid. In response to the Nevada Attorney General's Office,
26 Medicaid Fraud Control Unit's request for records, on or about January 7, 2021,
27 GOODNESS BEHAVIORAL HEALTH and/or DIX either provided documents that were
28 inconsistent with the claims for services DIX, through GOODNESS BEHAVIORAL

1 HEALTH, submitted to Medicaid for payment, or GOODNESS BEHAVIORAL HEALTH
2 and/or DIX failed to provide any records at all to support said claims. Additionally, based
3 on the records provided, which included intake packets for clients, DIX billed Medicaid for
4 services that the recipients allegedly received before the recipients even became
5 GOODNESS BEHAVIORAL HEALTH clients.

6 12. As a result of Defendant's actions, in the course of an enterprise or occupation
7 (namely GOODNESS BEHAVIORAL HEALTH), regarding submission of false claims to
8 Medicaid, from on or about November 8, 2017, through on or about September 4, 2020,
9 Defendant DIX received a total of approximately \$1,247,490.88. Said funds were deposited
10 into the GOODNESS BEHAVIORAL HEALTH Wells Fargo bank account ending in #9579.
11 Further, Defendant attempted to obtain an additional amount of approximately
12 \$571,777.63; however, Medicaid denied reimbursement for those claims.

13 Whereas the previous allegations being stated against Defendant, the State brings
14 the following charges:

15 **COUNT 1**
16 **SUBMITTING FALSE CLAIMS: MEDICAID FRAUD**
17 **Category D Felony – NRS 422.540(1)(a) and NRS 422.540(2)(a)**

18 13. Paragraphs 1-12 of this Amended Indictment are hereby realleged and
19 incorporated herein by reference as if fully set forth in this count.

20 14. Defendant DIX, through the operation of GOODNESS BEHAVIORAL
21 HEALTH and pursuant to NRS 422.530, from on or about November 8, 2017, through on
22 or about September 4, 2020, in Clark County, Nevada, and/or Washoe County, Nevada,
23 pursuant to a scheme or continuing course of conduct and with the intent to defraud, made
24 and/or caused false claims to be made to Medicaid for payment, when Defendant knew said
25 claims were false, and which resulted in payment to Defendant in an aggregate amount
26 greater than or equal to \$650, to wit:

27 15. Defendant made and/or caused the submission of false claims to Medicaid for
28 payment asserting that Medicaid-contracted providers Allen Hearn (Hearn), Antione
Swinton (Swinton), and Brenda Spurling (Spurling) provided various behavioral health

1 services to Medicaid recipients through GOODNESS BEHAVIORAL HEALTH when
2 Defendant knew said services were never provided. Hearn and Spurling denied providing
3 the type and/or amount of services on behalf of GOODNESS BEHAVIORAL HEALTH.
4 Swinton denied providing any services at all on behalf of GOODNESS BEHAVIORAL
5 HEALTH, and Swinton denied ever hearing of or working for GOODNESS BEHAVIORAL
6 HEALTH. As a result of Defendant's submission of false claims, Defendant obtained or
7 sought to obtain an aggregate amount greater than or equal to \$650.

8 All of which was committed in Clark County, Nevada, and/or Washoe County,
9 Nevada, aggregating an amount greater than or equal to \$650, and constitutes a Category
10 D Felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a).

11
12 **COUNT 2**
13 **OBTAINING AND USING PERSONAL IDENTIFYING INFORMATION**
14 **OF AN OLDER PERSON FOR UNLAWFUL PURPOSE**
15 **Category B Felony – NRS 205.463(1) and NRS 205.463(3)(a)**

16 16. Paragraphs 1-12 of this Amended Indictment and the allegations in Count 1
17 are hereby realleged and incorporated herein by reference as if fully set forth in this count.

18 17. Defendant DIX, through the operation of GOODNESS BEHAVIORAL
19 HEALTH and pursuant to NRS 422.530, from on or about November 8, 2017, through on
20 or about September 4, 2020, in Clark County, Nevada, and/or Washoe County, Nevada, did
21 knowingly and willfully obtain personal identifying information of another person who is
22 60 years of age or older, and with the intent to commit an unlawful act, used the personal
23 identifying information for an unlawful purpose, to wit:

24 18. Defendant knowingly obtained the names, dates of birth, Medicaid account
25 numbers, and/or additional personal identifying information of Medicaid recipients, as
26 detailed below, who are 60 years of age or older, and with the intent to commit an unlawful
27 act, namely Medicaid fraud and/or theft, used the personal identifying information of said
28 Medicaid recipients in order to submit false Medicaid claims and to obtain reimbursement
from Medicaid for provision of services. Medicaid-contracted service providers, who
Defendant DIX alleged rendered services to Medicaid recipients, denied rendering said

services, and Defendant knew that such services were not actually provided by the various service providers on behalf of GOODNESS BEHAVIORAL HEALTH. The Medicaid recipients that were over the age of 60 and whose personal identifying information DIX obtained and used for an unlawful purpose, as set forth above, are as follows:

Medicaid Recipient	Medicaid ID #	Date of Birth
L.C.	365XXXXX001	05/XX/1938
L.M.	000XXXXX984	09/XX/1949
H.C.	000XXXXX454	02/XX/1957
G.B.	000XXXXX070	06/XX/1955
R.O.	000XXXXX745	04/XX/1946
M.B.	564XXXXX001	07/XX/1934

All of which was committed in Clark County, Nevada, and/or Washoe County, Nevada, and constitutes a Category B Felony in violation of NRS 205.463(1) and NRS 205.463(3)(a).

All of which is contrary to the form, force and effect of the statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Furthermore, complainant makes this declaration subject to the penalty of perjury.

DATED this 15th day of July 2025.

AARON D. FORD
Attorney General

By: /s/ Behnaz Salimian Molina
BEHNAZ SALIMIAN MOLINA (Bar No. 13752)
Senior Deputy Attorney General