

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

STATE OF NEW JERSEY
COMMISSION OF INVESTIGATION

----- :
IN THE MATTER OF: :
ADDICTION : PUBLIC HEARING
REHABILITATION INDUSTRY:
IN NEW JERSEY :
----- :

DATE: OCTOBER 11, 2022

TIME: 10:00 A.M.

STATE HOUSE ANNEX
125 West State Street
4th Floor, Committee Room 11
Trenton, New Jersey 08625

B E F O R E:

TIFFANY WILLIAMS BREWER, CHAIR
KEVIN REINA, COMMISSIONER
ROBERT BURZICHELLI, COMMISSIONER

A P P E A R A N C E S:

MARIAN GALIETTA, ESQ.
LISA CIALINO, ESQ.
Counsel to the Commission

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1
2
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4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I N D E X

WITNESS	PAGE
NICOLE DIMARIA	
By Ms. Cialino	9
EDWARD KITTS	
By Ms. Cialino	28
ERIC RENNERT	
By Ms. Cialino	26, 34
LAURA MERCANDETTI	
By Ms. Cialino	27, 37
	- - -
ERIC RENNERT	
By Ms. Cialino	47
PRERECORDED STATEMENT OF A NON-PROFIT CLIENT	61
MIGUEL CARTAGENA	
By Ms. Cialino	44, 64
SCI SOURCE VIDEO WITNESS	80, 133
	- - -

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I N D E X

WITNESS	PAGE
LAURA MERCANDETTI	
By Ms. Cialino	96,106,129
KAREN GUHL	
By Ms. Cialino	92,103
PRERECORDED STATEMENT OF TREATMENT CENTER CLIENT	102

- - -

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

E X H I B I T S

NUMBER	DESCRIPTION	PAGE
AR-85 through AR85Z	PowerPoint Slides "Addiction Rehabilitation Industry in New Jersey"	26

(Exhibits retained by Counsel.)

1 MR. LACKEY: I call this public
2 hearing to order. I'm the executive director of the
3 State Commission of Investigation. We will now here
4 from your Chair.

5 CHAIR WILLIAMS BREWER: Good morning.
6 I'm Tiffany Williams Brewer, Chair of the New Jersey
7 State Commission of Investigation. Thank you for
8 coming to our public hearing. Before we get
9 started, I'd like to introduce my fellow members of
10 the Commission. To my right is Commissioner Robert
11 Burzichelli and to my left is Commissioner Kevin
12 Reina. Our fourth Commissioner, John Lacey - out of
13 an abundance of caution and to avoid any appearance
14 of a potential conflict of interest - recused
15 himself from this inquiry and is not here today.
16 Also joining us up here is our Executive Director
17 Chadd Lackey, our Chief Counsel Marian Galietta and
18 Counsel Lisa Cialino, who led the investigative team
19 in this matter.

20 Today you're going to hear about an
21 issue that is likely familiar - and may have even
22 personally touched some of you in this room - the
23 crisis of drug and alcohol addiction. It's no
24 secret that alcohol and substance abuse is rampant
25 in our state and country, with more people losing

1 their lives to addiction each year as opioids, and
2 most recently Fentanyl, drive overdose deaths. In
3 the U.S., more than 100,000 people died from
4 drug-related deaths in 2021, with just over 3,100
5 deaths in New Jersey alone.

6 Many more remain trapped in the cycle
7 of addiction, desperate for help in breaking their
8 dependence on pills, alcohol and other illegal
9 substances. But all too often, addicted individuals
10 and their families are victimized by the very system
11 that's supposed to help them recover and
12 rebuild their lives.

13 The addiction recovery industry is a
14 massive business, worth an estimated \$42 billion,
15 and growing. Yet, it's largely unregulated by most
16 states or the federal government, making it easy
17 for unethical operators to exploit people -
18 frequently with little consequence - at a time when
19 they are at their most vulnerable and may be
20 overwhelmed or unclear about how to navigate the
21 addiction rehabilitation process.

22 The recovery industry theoretically
23 exists to help people overcome their addictions and
24 get them back to healthy and productive lives. But
25 the reality is that the business model for some

1 treatment centers and rehabs is not about getting
2 patients clean and sober. It's about keeping
3 them trapped in a cycle of addiction, treatment and
4 relapse. Why? To ensure that profits - especially
5 those in the form of often hefty health insurance
6 payments - continue to flow.

7 Fueling this vicious cycle is the
8 immoral and illegal practice known as patient
9 brokering, where corrupt players in the addiction
10 recovery industry steer patients to specific
11 treatment centers in exchange for a financial
12 payoff. The system of cash for bodies has grown
13 increasingly sophisticated as brokers find ways to
14 circumvent laws banning the practice or operate
15 within the gray areas of the law.

16 You'll hear how the type of care
17 patients receive for addiction treatment may not be
18 based on the services the individual actually needs
19 to recover from their dependence on alcohol,
20 prescription pills or other illicit substances but
21 more on the quality of their private insurance
22 coverage and how much it will pay out.

23 That's not all. We found some
24 treatment center operators and recovery industry
25 employees in New Jersey engage in appalling and, in

1 certain instances, potentially unlawful practices to
2 ensure patients have extended insurance-paid stays
3 at their facilities. Some manipulate drug tests or
4 keep patients in the most intensive level of
5 treatment - even if no longer necessary - for
6 prolonged periods. Double-billing insurance firms
7 for services, charging for treatments never provided
8 and other forms of fraud.

9 Meanwhile, we found some corrupt
10 treatment center operators have taken these
11 ill-gotten gains, obtained on the backs of patients
12 struggling with addiction, to fund lavish
13 lifestyles.

14 The result here is that despite
15 advertised claims that they're in business to help
16 people trying to overcome addiction issues, numerous
17 recovery facilities and professionals in this state
18 are not looking out for patients' best interests.
19 Instead, they're looking to enrich themselves and
20 their corporate interests.

21 As always, our goal is to not only
22 identify systemic problems and voids in the law - a
23 duty the SCI is legally empowered to fulfill and has
24 ably done for more than 50 years - but to work
25 together to find creative and meaningful solutions.

1 Given the alarming number of lives that have been
2 disrupted and ended far too early in our state and
3 nation due to the scourge of addiction - with no
4 signs of it ending soon - the stakes could not be
5 higher.

6 I'll now turn it over to Counsel
7 Cialino, who will call the first witness who will
8 share her family's tragic struggle with addiction.
9 She'll speak about her sister, Georgi, a former Miss
10 New Jersey who, from outside appearances, seemingly
11 had it all but was nonetheless unable to
12 overcome her addiction.

13 So I'll turn it over to counsel.
14 Thank you.

15 MS. CIALINO: At this time, the SCI
16 would like to call up Ms. Nicole DiMaria. And if
17 she could be sworn in.

18 NICOLE DiMARIA, after having been
19 first duly sworn, was examined and testified as
20 follows:

21 EXAMINATION

22 BY MS. CIALINO:

23 Q. Good morning. If you can state your
24 name for the record.

25 A. Good morning, Nicole DiMaria.

1 Q. And, as you're aware, we are here
2 today to talk about the addiction treatment industry
3 in New Jersey.

4 Do you have any experience trying to
5 help a loved one struggling with addiction.

6 A. Yes, my sister, Georgine DiMaria, we
7 called her Georgi, had a decade plus long struggle
8 with addiction, and she passed was Miss New Jersey
9 in 2006, and she passed away, unfortunately, last
10 August at the age of 37.

11 Q. Now, if you could just tell me a
12 little bit about Georgi before she struggled with
13 addiction?

14 A. Sure. She -- if you look at those
15 pictures she was a bright light, you know, she had
16 everything going for her. She -- excuse me -- she
17 was talented, smart, witty. We came from a very
18 close family, so we were always together. We were
19 always -- we were very musical, all of us played
20 instruments together. So, really, nothing but fond
21 memories of before -- before addiction and, really,
22 I mean, after she won, the whole world was ahead of
23 her, and she had so many doors that were open to her
24 because of that, and, you know, doors started to
25 close.

1 Q. Tell me a little bit about what you
2 saw happen as she began to struggle with addiction?

3 A. Yeah, so it was a long process, you
4 know and I think that's very much associated with
5 the stigma that comes with this disease, both on the
6 family member side and the patient side, you know
7 you're not really willing to face the truth a lot of
8 times, and it's also you know the patient is hiding
9 a lot, you know they are not necessarily open, they
10 start lying, so there is little signs over the
11 course of I would say two years. And it just got to
12 the point where at some point everybody knew that
13 there was a problem, and then it was you know what
14 do we do about it. So I just I want to emphasize it
15 is a very long process and in that process it's very
16 tort toured because you have different family
17 members disagree ing some are in denial some are
18 not. And so once you know there is a problem then
19 there is a whole process in deciding Okay. What are
20 we going to do about it.

21 Q. If you could tell me a little bit
22 about, the process in deciding what you were going
23 to do about it in terms of you know how you're
24 family felt how you felt and how Georgi felt?

25 A. So, yeah, again it -- once the whole

1 family was on board -- again, very tortured,
2 fractured process -- we -- I actually headed it up.
3 I mean, I looked at the back of the insurance card,
4 because she was still on my mom's insurance at the
5 time, and I called the mental health counseling
6 number, and I got a referral to an outpatient
7 clinic, and, you know, we confronted Georgi. And,
8 at first, she was resistant, and we were just able,
9 over the course of several hours, you know, she,
10 sort of, gave in. So it was an intervention, but I
11 wouldn't say it was a pretty intervention, and it
12 wasn't well organized. It was more chaotic, it
13 wasn't the type of thing you would picture in a
14 movie, it was very difficult. But she did get to a
15 point where she, sort of, gave into us, and agreed
16 to go to the outpatient clinic.

17 Q. How were you feeling at the time?

18 A. We were just devastated and
19 couldn't -- we felt -- just didn't know where to
20 turn, so, you know, going to the outpatient clinic
21 and starting down that road, it was helpful, you
22 know, it was, like, okay, now we have some path
23 forward.

24 When they -- when we did see the
25 person at the outpatient clinic, my sister had very

1 severe asthma, and -- so the person at the
2 outpatient clinic recommended that she do inpatient
3 treatment so she'd have a supervised detox. And,
4 also, I didn't make clear, she was a prescription
5 opiate addict at the time. This was when opiates
6 were, sort of -- I think the epidemic was upon us,
7 but we didn't even realize it, this was about 2009.
8 And -- so that's what she was going in for, a detox
9 from opiates.

10 Then that person at the outpatient
11 clinic referred us to an inpatient clinic, because,
12 again, you don't know where to turn, you don't know
13 the best place -- where the best place would be, but
14 from that conversation, we seemed convinced that
15 it -- that it was inpatient that was best for her.
16 And we then went to the inpatient clinic, and she
17 started her treatment there.

18 Q. All right. And, at this point, you
19 said Georgi was still on your parents' insurance or
20 your mom's insurance, was that private health
21 insurance at that time?

22 A. Right, yes.

23 Q. Okay. Now, what happened once she
24 arrived at the inpatient treatment center?

25 A. So we had the impression that she was

1 going to be in there for 30 days, not because we
2 were paying out-of-pocket, though, we got a distinct
3 impression from the clinic that, you know, that
4 she -- it was going to be covered because of her
5 medical situation. I do recall them saying that,
6 you know, there was a periodic medical necessity
7 check, but I just to have say, my impression leaving
8 my sister there, knowing there was going to be this
9 blackout period for a week that where we wouldn't be
10 talking to her, was, that she was going to be in
11 there for 30 days, that's what she thought, and
12 out-of-pocket expense was not discussed. Although,
13 I actually gave my credit card on the form, there
14 was an incidental expense thing that I had to fill
15 out, but I didn't think that this was about any, you
16 know, noncovered amount. I -- we were distinctly
17 given that impression, that she's going to be
18 covered for the 30 days.

19 Q. And then what happened?

20 A. So, about, two and a half weeks in
21 they called us -- and, so, at this point we had
22 already had a family visit with her, you know, we
23 had contacted her, she had written us some letters,
24 and, about, two and a half weeks they called us and
25 told us, oh, sorry, insurance isn't covering

1 anymore. And, in fact, they had been notified more
2 than a week earlier, and hadn't notified us, so
3 insurance, basically, covered the detox portion,
4 that was about it. And we were very upset and, at
5 the time, she had actually -- we had just got -- we
6 just received a letter from her that was very
7 concerning, you know, she was, you know, describing
8 all sorts of things that were happening at the
9 facility that family members were not pleasing to
10 hear.

11 In retrospect, she did say that she
12 was just having a bad day, but our mindset at the
13 time, here we get this horrible letter and then we
14 get this call from the insurance company, feeling,
15 like, what, what are you talking about, it was very,
16 very disheartening. And we took her out, and, you
17 know, obviously, in retrospect, I don't think that
18 was the best thing for her. It was disruptive.
19 Here, she's thinking she was going to be in there,
20 at least, a full 30 days. For her to be taken out
21 at that point, I think was just awful, you know, for
22 everybody.

23 Q. At the time, I mean, you know, you say
24 looking back maybe that wasn't best, but, at the
25 time, did you know what was best?

1 A. No. No. And that's the thing, you're
2 faced with that distrust because of what had just
3 happened, and, here, they weren't transparent with
4 us, you know, that letter that she sent, you know,
5 we did not trust this industry at this point, you
6 know, we didn't know what was right for her.
7 Perhaps, she'd be better in outpatient, perhaps,
8 she'd be better going to AA meetings, you know, we
9 really didn't know. And we thought we could handle
10 it as a family, I suppose, you know, at that point,
11 I think that's what we felt.

12 Q. And what happened after you guys took
13 Georgi out of treatment?

14 A. So for a while she was going to AA
15 meetings and for a while she seemed to really
16 embrace sobriety. She was even speaking at the AA
17 meetings, you know, because of her history as a
18 public speaker, you know, that's what she was good
19 at. And she sort of settled into that role. I
20 think she was comfortable in that. And I would say,
21 you know, she started to get her life back together.
22 She got a job. She bought a car for the first time.
23 I mean, certainly, she wasn't doing what she had
24 aspired to do after winning Miss New Jersey, because
25 she didn't go back to school, she didn't finish her

1 bachelors, she was trying to cope. And she got a
2 new boyfriend, you know, things seemed to be doing
3 all right for, I would say, you know, until 2013,
4 that's when things really started to fall apart for
5 her again. You know, it became clear to us that she
6 had substituted, at the very least, and that alcohol
7 seemed to be the main issue.

8 So we, again, another long process of
9 coming to terms with whether something is actually
10 wrong, discussing with family members. And, again,
11 you have family members that run the gamut from the
12 real tough love ones that absolutely refused to
13 speak to her until she got her life together to the
14 enablers, so -- and everything in between.

15 Q. So as a family, you know, what did you
16 guys decide to do next?

17 A. We -- again, very tortured
18 relationships at this time in the family. No one
19 was really on the same page in terms of what to do,
20 but I was sort of trying to rally -- trying to rally
21 my family around getting her back into treatment,
22 and she resisted wholeheartedly, refused --
23 especially inpatient, which is what I thought she
24 really needed, because her issues really surrounded
25 more of a toxic environment being with people that

1 she really shouldn't be with, and, sort of, you
2 know, plucking her -- trying to pluck her out of
3 that to get her to reset and to have some -- get her
4 brain to normalize outside of that toxicity, and she
5 was absolutely resistant to inpatient again. And I
6 don't really know what the reasoning for that is.
7 She said, "I'm not going back there, I'm not going
8 back there". So she said, "I'll do outpatient.
9 I'll do outpatient."

10 So I was researching, and, at this
11 point, she was no longer on my mom's health
12 insurance and, so, that, you know, I was trying to
13 find places for her to go without health insurance.
14 And that was a big struggle, that was -- I found it
15 very difficult to research. I'm a Healthcare
16 attorney, and I research this space for a living,
17 and I found it so difficult to find information,
18 particularly, for Medicaid covered -- I think it has
19 changed, I noticed that, like, I've just -- I've
20 done recent searches to see, and I think you get
21 some better information online, but, for me, it was
22 physically calling a bunch of places and trying to
23 find out who took Medicaid, who can help her to get
24 onto Medicaid, if there was grant funding available,
25 because money was an issue. My parents were

1 struggling financially, and that was a huge concern
2 for us.

3 Q. Did you, ultimately, end up, you know,
4 able to get her into treatment at that time?

5 A. The most I could do was get her to an
6 outpatient center that took walk-ins, and she did
7 meet with them and they were going to help her get
8 back on Medicaid and do some outpatient counseling,
9 at the very least, and she didn't follow up. And it
10 was a struggle to get her to even go, so that was,
11 really, my last shot, you know, because then after
12 that she moved out of state, shortly before the
13 pandemic started she moved out of state, and that
14 was where I had absolutely -- I had no influence,
15 basically, on what she did.

16 Q. What ended up -- ultimately ended up
17 happening?

18 A. So she -- shortly before the pandemic
19 she went out of state, and we were in contact with
20 her, enough to know that things probably weren't
21 great, although, she said everything was fine. She
22 had gotten a job down there and she was staying with
23 a family member. And, so, when we got the call
24 basically, when it was about too late to help her.

25 She, ultimately, died of severe liver

1 disease that led to other organ failure, and when
2 I -- but I did try at the -- pretty much it was too
3 late at this point, but I did get her approved, she
4 was in the hospital, and I did get her -- I did help
5 her to get into an inpatient treatment program
6 because, at that point, she was -- had insurance
7 under the Federal Insurance Exchange, and I was able
8 to try to get her in there.

9 And, interestingly, I experienced, you
10 know, this was a different state, but I experienced
11 the same, sort of, issue, with having a lot of
12 trouble getting information on coverage, how much
13 could we expect to be covered, what was our, you
14 know, worst case scenario, what is out-pocket
15 expense -- out-of-pocket expense, and now I knew
16 which questions to ask, and it was still a struggle
17 to get that information. So I just thought it was
18 interesting that I was getting the same, sort of,
19 issue, and it turned out that she was just not
20 medically able to stay there. She went there the
21 day she probably should not have been approved to be
22 there at all, and it was really bad, she was
23 transferred back to the hospital. And my mom and I
24 went down there, and she died a few days later.
25 So -- and I know then, in speaking with the doctors,

1 I mean, she was told that she needed to stop
2 drinking. It was a course of a while that she was
3 being told that she needed to stop drinking and she
4 didn't, and the drinking does -- the alcohol seemed
5 to be the main culprit.

6 Q. Well, I'm sorry for your loss and your
7 family's loss.

8 In terms of, you know, looking back at
9 this whole, you know, horrible process, do you feel
10 that, you know, your family, your sister, were at
11 all taken advantage of at all during this whole
12 process?

13 A. Yes, I do. I feel that the coverage
14 issue was a big deal for us. I mean, again, we --
15 there should be more transparency on that, you
16 should know what you are facing financially. They
17 sort of rope you in saying, "oh, we take your
18 insurance", and then, you know -- they are just not
19 up front about what is likely to be covered, and,
20 you know, to be faced with that financial expense,
21 you know, when it was unexpected and, you know, it
22 certainly can't help your treatment.

23 Q. And, you know, did you feel that it
24 was harder to find treatment for your sister when
25 she did not have insurance versus when she did have

1 that private insurance?

2 A. Yes, absolutely. Absolutely. Again,
3 I found it difficult to find information to state
4 what facilities were able to take Medicaid, I think
5 that was the biggest issue.

6 MS. CIALINO: Well, I appreciate you
7 coming in here. Thank you for your testimony.

8 At this point, I believe the
9 commissioners, if they have any questions for the
10 witness.

11 COMMISSIONER BURZICHELLI: I'm very
12 sorry for your loss, it's a tragic story, it's
13 heartbreaking to hear. It's very I believe
14 testimony anyone to this tragic circumstance is just
15 horrific.

16 I'm curious, your first involvement
17 was going from outpatient into inpatient, was there
18 any -- were there any options given to the family in
19 terms of which facility to go to? Or did they just
20 direct you to one facility? Or did they say, here
21 are four facilities, research them, see what the
22 best match is? Or did they just tell you, you are
23 going there.

24 THE WITNESS: The person we spoke to
25 at the outpatient clinic said, if I were to take my

1 kids somewhere, this is where I would take them, and
2 that was obviously a very powerful thing to say.

3 COMMISSIONER BURZICHELLI: Now
4 especially when you're on the ropes like, you have
5 to endure something like that, but did that person
6 also say, but, anyway, here are the options to you
7 under this policy, these are the preferred
8 providers, for a lack of another term? You know, I
9 would imagine addiction rehabilitation is tailored
10 to the type of addiction, so alcohol treatment
11 centers are different than opioid treatment centers,
12 so I'm curious to see if they really gave you a full
13 menu of what was available to you as a group or your
14 sister could decide which was the best facility for
15 her, I suppose, or they are just pushing you through
16 the system?

17 THE WITNESS: I wouldn't say in that
18 encounter, but I was aware that, look, I could go to
19 another participating provider, I mean, so I was
20 aware that I had more options, but, again, hearing
21 that from someone in the industry was powerful, and,
22 yes, we ended up going with that facility.

23 COMMISSIONER BURZICHELLI: Thank you.

24 CHAIR WILLIAMS BREWER: Any questions?
25 I also want to personally thank you and your family

1 for your courage and continuing to advocate. I'm
2 familiar with some of your advocacy work, as well,
3 which is why you ended up here testifying for us.
4 So we just want to thank you on behalf of the State
5 of New Jersey for continuing to keep the legacy of
6 your sister alive through your advocacy.

7 Thank you.

8 THE WITNESS: Thank you so much.

9 MS. CIALINO: Thank you. You can step
10 down.

11 MR. LACKEY: Thank you very much,
12 Ms. DiMaria. Thank you so much for providing
13 testimony for the Commission.

14 And, at this point, we are going to
15 hear an overview of the Commission's findings. We
16 will talk a little bit about how patients are
17 exploited through rehabilitation process.

18 So, Counsel Cialino, can you call your
19 next panel of witnesses.

20 MS. CIALINO: Yes. Thank you. The
21 SCI would like to call Agent Rennert, Agent Kitts,
22 and Investigator Mercandetti to come testify.

23 And, at this time, while they are
24 being seated, I would like to introduce for the
25 record Exhibit AR-85, which encompasses a 26-page

1 slide show which is labeled AR-85A through AR-85Z
2 respectively.

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1 (At which time, AR-85 through AR-85Z
2 was marked for identification.)

3 AGENT RENNERT, AGENT KITTS, AND
4 INVESTIGATOR MERCANDETTI, having been first duly
5 sworn, were examined and testified as follows:

6 EXAMINATION

7 BY MS. CIALINO:

8 Q. Okay. Agent Rennert, if you can state
9 your name?

10 A. Good morning, Eric Rennert.

11 Q. Now, where are you currently employed?

12 A. I'm currently employed with the New
13 Jersey State Commission of Investigation.

14 Q. And how long have you been with the
15 SCI?

16 A. I've been with the Commission a little
17 over three years.

18 Q. Now, what's your role there?

19 A. I'm a special agent investigative
20 accountant. I conduct investigations pursuant to
21 the Commission's resolutions through financial
22 analysis and evaluation of evidence and information
23 developed through accounting techniques.

24 Basically, I develop investigations,
25 analyze financial records, prepare written memoranda

1 of interview and assist with making of
2 recommendations to the legislation.

3 Q. Now, prior to working at the SCI, can
4 you tell me a little bit about where you worked and
5 what you did there?

6 A. I was a special agent with IRS
7 criminal investigation for over 20 years.

8 Q. And what did you do there?

9 A. While at the IRS, I conducted numerous
10 large-scale criminal tax, money laundering and Bank
11 Secrecy Act investigations. I also involved public
12 corruption, corporate fraud and structuring and
13 embezzlement.

14 MS. CIALINO: Okay.

15 EXAMINATION

16 BY MS. CIALINO:

17 Q. Now, Forensic Accountant Mercandetti,
18 if you can state your name for the record?

19 A. Laura Mercandetti.

20 Q. Where are you currently employed?

21 A. I'm currently employed with the New
22 Jersey State Commission of Investigation.

23 Q. How long have you been with the State
24 Commission of Investigation?

25 A. I've been with the SCI for two and a

1 half years.

2 Q. And what's your role there?

3 A. I'm a forensic accountant. I conduct
4 complex financial investigations through the
5 analysis and evaluation of evidence and other
6 information developed through investigative
7 accounting and auditing techniques.

8 Q. Now, prior to the SCI, if you can tell
9 me a little bit about what you did and where you
10 worked?

11 A. I was a special agent with IRS
12 criminal investigation for over 20 years. I also
13 conducted complex financial investigations that
14 involved allegations of money laundering, income tax
15 evasion, and other related financial crimes.

16 EXAMINATION

17 BY MS. CIALINO:

18 Q. Now, Special Agent Kitts, if you can
19 state your name.

20 A. Edward Kitts.

21 Q. Where are you currently employed?

22 A. I'm employed as a special agent with
23 the New Jersey State Commission of Investigation.

24 Q. How long have you been with the SCI?

25 A. Approximately, one year.

1 Q. What's your role there?

2 A. As a special agent, I conduct
3 investigations into the intrusion of organized crime
4 into society, to identify and expose corruption,
5 governmental laxity, to shed light on waste, fraud,
6 abuse of taxpayer dollars, and to protect the
7 integrity of the governmental process on behalf of
8 the citizens of the State of New Jersey.

9 Q. Now, prior to the SCI, if you can tell
10 me where you worked and what you did there?

11 A. Yes, I was employed as a New Jersey
12 State Trooper with 25 years of services. Prior to
13 retirement, I was assigned to the intelligence and
14 criminal enterprise section where I served on
15 various units, street gang units, weapons
16 trafficking units, and also on the opioid
17 enforcement task force. Our mission within these
18 units was to disrupt and dismantle multi
19 jurisdictional and criminal organizations.

20 Q. All right. Now, we heard the chair
21 talk about the number of people nationally in the
22 State of New Jersey dying from addiction-related
23 issues, in addition to that number, there are
24 countless people suffering from addiction or dealing
25 with friends and family suffering from addiction

1 issues. When we talk about the addiction
2 rehabilitation industry in terms of this
3 investigation that the SCI has conducted, can you
4 explain to me why this investigation is important?

5 A. Yes, as you heard the chair state,
6 there were over thirty-one hundred suspected
7 drug-related deaths in the State of New Jersey in
8 2021. And, according to the New Jersey Office of
9 Chief State Medical Examiner, there have been,
10 approximately, 2,100 drug-related deaths this year
11 to date.

12 In addition to those numbers,
13 according to the New Jersey Department of Health,
14 there were over 13,000 Narcan incidents in New
15 Jersey in 2021, and, as of August of this year,
16 there have been, approximately, 9,200 Narcan
17 incidents. Furthermore, there are over 500 licensed
18 treatment centers in the State of New Jersey, and
19 it's an industry that continues to grow.

20 So with this information in mind
21 throughout this investigation, our goal has been to
22 ensure the State of New Jersey is adequately serving
23 an industry that services vulnerable people who are
24 struggling with addiction.

25 Q. Now, generally speaking, what did the

1 SCI focus our investigation on?

2 A. The SCI focused our investigation in
3 three areas; one, patient brokering, specifically,
4 the progression of patient brokering from simply the
5 exchanges of cash for patients through its evolution
6 and its other various forms of financial benefits in
7 return for patients; two, addiction treatment
8 centers with a focus on outpatient treatment centers
9 that only accept private insurance; and, three,
10 sober homes.

11 Today you'll here about patient
12 brokering and addiction treatment centers. We will
13 cover our findings regarding the sober homes portion
14 of our investigation in a written report that will
15 be released at a later date.

16 Q. Now, during the course of this
17 investigation, in which we looked into the points
18 you just stated, did we look at the path that some
19 people suffering from addiction take once they begin
20 to look for treatment through their recovery?

21 A. Yes, we did.

22 Q. All right. Now, one of the things we
23 will talk about today is different forms of
24 addiction treatment, when someone decided to go into
25 treatment, what's the first step?

1 A. Well, everyone's path to recovery is
2 different. However, commonly we found that the
3 initial point of contact for someone seeking
4 treatment is with an individual who's in recovery
5 themselves often working as a recovery coach. Other
6 points of contact would be with a marketer at a
7 treatment center and interventionist or with
8 community-based programs or nonprofits.

9 When actually beginning their
10 treatment, the person is currently or has recently
11 been utilizing drugs or alcohol, they may first
12 require treatment at a detoxification center. From
13 there they would seek either inpatient treatment or
14 move directly to outpatient treatment. And it's
15 important to note that there are different levels of
16 outpatient treatment, which will be discussed in
17 detail later this hearing. And, lastly, sober homes
18 which are living facilities for individuals who are
19 in outpatient treatment programs or who have
20 completed their treatment.

21 Q. And, now, if someone relapses during
22 this treatment process that you just explained, what
23 happens?

24 A. Well, relapsing can make the path to
25 recovery turn into a cycle. A person suffering from

1 addiction who relapses may need to return to a detox
2 center, or they may need to progress to a higher
3 level of care. And if the person has private
4 insurance it will often trigger a new period of
5 treatment. And this is significant, because it
6 generates the initial payments for private insurance
7 companies to the treatment centers once a new period
8 of treatment is authorized.

9 And, lastly, in a worst case scenario,
10 a relapse can result in overdose or death.

11 Q. Now, throughout the SCI investigation
12 into the addiction treatment industry in the State
13 of New Jersey, what's been a common finding?

14 A. Well, as we heard in the beginning of
15 the hearing, people and families suffering from
16 addiction are extremely vulnerable. What we found
17 is at each point in the treatment addiction path,
18 described previously, those who suffer from
19 addiction can be exploited by people and/or
20 institutions within the addiction rehabilitation
21 industry that are motivated more by making money and
22 receiving other financial benefits rather than by
23 actually trying to help a person suffering from
24 addiction.

25 FURTHER EXAMINATION

1 BY MS. CIALINO:

2 Q. Now, Agent Rennert, Agent Kitts stated
3 that the SCI's investigation looked into the
4 evolution of patient brokering, can you describe for
5 me what patient brokering is?

6 A. So, traditionally, patient brokering
7 was envelopes of cash for clients. For example,
8 getting cash for each person someone referred to in
9 a treatment center which amounted to putting a body
10 in a bed for cash.

11 Q. All right. Now, during this
12 investigation here, have you seen patient brokering
13 in that traditional form of cash for patients?

14 A. No, during the course of this
15 investigation, we have seen it take other forms
16 other than envelopes of cash.

17 Q. All right. Now, what other forms of
18 patient brokering did the SCI find occurring in the
19 State of New Jersey?

20 A. The type of activity we saw occur in a
21 nonprofit organization accepting donations in return
22 for a referral of patients with private insurance.
23 We also saw that this nonprofit organization
24 purchased airline tickets for those with private
25 insurance on behalf of the treatment centers that

1 donated to them. And, in addition, we saw recovery
2 coaches all working for independent companies
3 nonprofits or governmental entities while also
4 working as salaried employees for private centers
5 and funneling those patients they came across with
6 private insurance to the treatment centers they
7 worked at.

8 Q. Now, can you explain how these forms
9 of patient brokering, which you just identified, are
10 similar to the traditional patient brokering of cash
11 in return for patients?

12 A. It's similar because there is a
13 monetary benefit received for referring patients
14 with private insurance. This is known in the
15 industry as body brokering.

16 Q. So, essentially, in both scenarios
17 there's a monetary benefit conferred for the
18 referral of a patient?

19 A. Yes, that's correct.

20 Q. Why is the referral patients so
21 lucrative?

22 A. It's lucrative, because money can be
23 made from patients with private insurance which pays
24 the most.

25 Q. Are you aware that New Jersey signed a

1 patient brokering statute into law in 2021?

2 A. Yes, it's New Jersey statute 2C:48-6.

3 Q. And what does the statute says?

4 A. The statute states, a person will be
5 guilty of a crime if they make or receive a payment
6 or, otherwise, provide or receive any fee,
7 commission, or rebate to any person in connection
8 with a referral of patients to a treatment facility.

9 Q. Now, in addition to that statute, are
10 there any federal statutes relating to patient
11 brokering in the addiction treatment industry?

12 A. Yes, the federal statute is known as
13 the Eliminating Kickbacks and Recovery Act of 2018,
14 which is 18 U.S.C. 220. In short, the statute makes
15 it a federal crime to accept or pay kickbacks for
16 referrals to a recovery home, clinical treatment
17 facility or laboratory.

18 Q. Agent Rennert, can you tell me a
19 little bit about what we will hear relating to
20 patient brokering?

21 A. You'll hear that despite the current
22 laws on the books, which makes patient brokering
23 illegal, people, organizations, and treatment
24 centers are circumventing the law in order to
25 receive a financial benefit on patient referrals,

1 which, in essence, is patient brokering. And, as I
2 mentioned earlier, this is known in the industry as
3 body brokering.

4 FURTHER EXAMINATION

5 BY MS. CIALINO:

6 Q. Now, Investigator Mercandetti, I want
7 to switch gears and talk to you about the second
8 item that Agent Kitts discussed that the SCI focused
9 its investigation on, which was certain outpatient
10 addiction treatment centers, specifically, what type
11 of patient -- excuse me, which type of private
12 outpatient treatment centers did we focus on?

13 A. We focused on outpatient treatment
14 centers that accept private health insurance.

15 Q. And why did we focus on those
16 outpatient treatment centers that accepted private
17 health insurance?

18 A. We focused on outpatient treatment
19 centers because they are very lucrative businesses.
20 The owners can make a lot of money within a
21 relatively short period of time while providing
22 limited patient care. This can be disastrous for
23 some clients who can relapse, have to go back into
24 detox, or a high level of care such as inpatient or
25 outpatient treatment.

1 Typically, if a client has insurance,
2 the insurance company is likely to approve
3 additional time and the insurance payouts, and the
4 client begins a new cycle of treatment.

5 Q. Now, what issues did we find with some
6 of these facilities?

7 A. Well, some of the issues that we found
8 were they focused on getting clients that have
9 private health insurance who pay out the most for
10 billable services. They also provide enticements
11 such as food, beverages, living accommodations at
12 sober living homes at little to no cost, and
13 transportation from sober living homes to the
14 treatment centers. They also engaged in
15 questionable billing and business practices in order
16 for the owners to maximize their profits at the
17 expense of a client's treatment.

18 Q. Now, why is it more profitable to keep
19 a client in treatment?

20 A. Well, keeping a client in treatment is
21 important because if a client's treatment stops,
22 then insurance payments stop. If the client's
23 insurance company is still providing benefits, the
24 owners want to capitalize on this, and they make
25 every effort to keep the client in treatment for as

1 long as they can, typically, until the insurance
2 runs out.

3 Q. And how do these treatment centers
4 keep clients in treatment?

5 A. Well, as I mentioned, they provide
6 food, beverages, living accommodations at a nominal
7 cost and transportation between the sober living
8 homes. And we have to keep in mind, many of these
9 clients are in need of these necessities. They also
10 do not set up an environment to help the client
11 succeed. We will here in panel three such things as
12 cutting therapy sessions short and downplaying their
13 progress to insurance companies to keep them at the
14 treatment facility.

15 Q. You also said SCI found evidence of
16 questionable billing practices at certain outpatient
17 treatment centers, what will we hear about?

18 A. Well, in panel three we are going to
19 hear about overbilling for services, billing for
20 services that were never rendered, and billing for
21 overlapping services. And all of these questionable
22 billing practices enable the owners to make millions
23 of dollars.

24 Q. Now, you also stated -- you talked
25 about questionable business practices at some

1 outpatient centers, how do these questionable
2 billing practices relate to the financial activity
3 that you reviewed?

4 A. Well, in tracing the flow of funds
5 from the insurance monies through the various
6 business and personal bank accounts, I found that
7 some of the transfers were disguised as business
8 loan repayments for income tax purposes. There was
9 also a pattern of suspicious banking activity that
10 was designed to circumvent federal banking
11 regulations by structuring amounts just under the
12 \$10,000 reporting requirement.

13 Additionally, there was a rapid
14 movement of funds such that as soon as insurance
15 monies came into bank accounts, it went out to fund
16 the owner's lavish lifestyle and to continue their
17 business operations. And all of these questionable
18 business practices will be discussed further in
19 panel three.

20 MS. CIALINO: Thank you for your
21 testimony.

22 Commissioners, do you have any
23 questions for this panel?

24 COMMISSIONER BURZICHELLI: Thank you
25 for your testimony today.

1 In terms of the relationship between
2 sober homes and the treatment facilities, you talked
3 about they provide food, drinks, free
4 transportation, could that be construed as helpful
5 to the rehabilitation process, or is there something
6 else going on that suggests a more nefarious
7 connection between the two?

8 MS. MERCANDETTI: Well, these are
9 enticements that help to persuade the clients to
10 choose the treatment facility, even if it's not the
11 best place for them. So it's not really helping
12 them, it's just to draw them in, in order to get
13 them to choose, you know, my treatment facility.

14 COMMISSIONER BURZICHELLI: And do we,
15 in any way, on a state level rate treatment
16 facilities in terms of the quality of care given to
17 patients? Is that something we do so that the
18 families and the persons seeking treatment would
19 have an idea of the quality of services they can
20 select from?

21 MS. CIALINO: If I can jump in here,
22 you know, in terms of what the state does in rating
23 facilities, that's something we are still looking
24 into. It's done by outside independent agencies.

25 COMMISSIONER BURZICHELLI: Thank you,

1 Counsel.

2 CHAIR WILLIAMS BREWER: So I just have
3 two questions. With respect to the questionable
4 financial practices, I know you're going to talk
5 about further. Just curious, under the law
6 currently, is there any sort of reporting or
7 regulatory authority that the State Commission of
8 Banking and Insurance really has in monitoring
9 those? Is this kind of an area of, maybe, a gap.

10 MS. CIALINO: Chair, I'm going to jump
11 in, in terms of, you know, what the state does, and
12 the states oversight over these different, you know,
13 these treatment centers specifically, as you are
14 asking, that's something, you know, that we are
15 still looking into and we are going to be discussing
16 later in our report, but, today, you know, we are
17 just focusing on the conduct and not specifically
18 the state's oversight.

19 CHAIR WILLIAMS BREWER: Okay. Maybe
20 my question is more directed to, are you -- there
21 were some statutory authority and federal
22 legislation that was quoted in the beginning that
23 governs the industry under those laws, do any of
24 those govern some of the financial patterns that you
25 were seeing?

1 MS. MERCANDETTI: I'm not sure if -- I
2 haven't come across anything, but from what I'm
3 seeing with respect to the financials and, again, it
4 is something we will discuss further in panel three,
5 but it has resulted in us making a recommendation to
6 the federal authority, state, local, federal
7 authorities, that will take a look at this further.

8 CHAIR WILLIAMS BREWER: Okay. Thank
9 you.

10 And just a question for either Agent
11 Rennert or Agent Kitts, have you also spoken with
12 individuals who have been in recovery about their
13 experience in treatment in the course of your
14 investigation?

15 MR. RENNERT: Well, we spoke with a
16 number of former addicts who spoke about their
17 experiences at treatment centers. At first it was
18 hard to get them to open up, but one where we had
19 some success was making them a confidential source.
20 Later on in this hearing, you'll hear from three
21 confidential sources we did speak with; one who
22 dealt with a nonprofit, one who dealt with -- who
23 was a patient as -- with an outpatient addiction
24 treatment center, and one who held various positions
25 in the addiction treatment center.

1 CHAIR WILLIAMS BREWER: Okay. Thank
2 you. No further questions by the commissioners.

3 MS. CIALINO: All right. Thank you
4 for your testimony, Investigators Mercandetti and
5 Kitts, you both can step down. And, Agent Rennert,
6 you can remain for the next panel.

7 MR. LACKEY: Thank you very much. In
8 our next panel, we will talk about the evolution of
9 patient brokering and its transition from, as Agent
10 Rennert stated, traditional cash for bodies to a
11 more sophisticated scheme, involving recovery
12 coaches and, in some instances, nonprofits.

13 Counsel Cialino, call you next
14 witnesses.

15 MS. CIALINO: The SCI calls Agent
16 Miguel Cartagena and Agent Rennert if you can
17 remain.

18 (AGENT MIGUEL CARTAGENA and AGENT ERIC
19 RENNERT, after having been first duly sworn, were
20 examined and testified as follows:

21 EXAMINATION

22 BY MS. CIALINO:

23 Q. Agent Cartagena, if you can state your
24 name for the record?

25 A. Miguel Cartagena.

1 Q. All right. Now, where are you
2 currently employed?

3 A. I'm employed as a special agent with
4 the New Jersey State Commission of Investigation.

5 Q. How long have you been with the State
6 Commission of Investigation?

7 A. Close to six years now.

8 Q. What's your role at the SCI?

9 A. As a special agent to investigative
10 organized crime, corruption, and waste, fraud, and
11 tax abuse of dollars.

12 Q. Now, prior to the SCI, can you tell me
13 a little bit about what you did and where you were
14 employed?

15 A. Sure. Prior to the SCI working with
16 the New Jersey Department of Human services.
17 Through my tenure with DHS, I supervised
18 investigations pertaining to allegations of abuse,
19 neglect, and exploitation against clients at
20 developmental centers and private group homes.
21 Prior to that, I served 25 years with the New Jersey
22 State Police. During my time there, I supervised
23 investigations related to corruption and organized
24 crime, conducted and/or supervised.

25 Q. We have heard in the last panel that

1 the SCI looked into various aspects of the addiction
2 rehabilitation industry, including patient brokering
3 and the activities going on in certain outpatient
4 treatment centers in addition to sober homes.

5 I want to talk to you about the first
6 one, patient brokering. One thing we discussed is
7 that New Jersey made patient brokering illegal in
8 2021. Can you tell me what patient brokering is
9 again?

10 A. Sure. It's money, or other
11 compensation for the patient broker and/or marketer
12 in return for a referral of a patient to a treatment
13 facility or associated entity.

14 Q. Now, going back to the statute that
15 was passed, are you aware if anyone has been charged
16 in the State of New Jersey under this specific
17 criminal statute?

18 A. No, we are not aware that anyone has
19 been charged.

20 Q. What has SCI found in terms of patient
21 broker type activity in the State of New Jersey that
22 we are going to discuss in more detail here in this
23 panel today?

24 A. Sure. First, we found that nonprofits
25 are receiving donations in return for client

1 referrals and airline tickets and, also, individual
2 recovery coaches receiving a salary from treatment
3 centers and funding the people with private health
4 insurance, especially, those who have superior
5 private insurance policies to these treatment
6 centers.

7 EXAMINATION

8 BY MS. CIALINO:

9 Q. Agent Rennert, Agent Cartagena talked
10 about two types of patient brokering through
11 nonprofits and through individual recovery coaches.
12 Let's talk about nonprofits first, what is a
13 nonprofit in this type of situation?

14 A. Basically, a nonprofit is a business
15 form for purposes other than generating profit. In
16 this situation, an entity that is classified as
17 nonprofit works to help people to get into addiction
18 treatment and helps them through the recovery
19 process.

20 Q. Did the SCI investigate any nonprofits
21 similar to what you just described?

22 A. Yes. We looked at Recovery Advocates
23 of America which is a nonprofit organization.

24 Q. And what did we find related to
25 Recovery Advocates of America?

1 A. We mainly found that Recovery
2 Advocates was receiving funding from treatment
3 centers in return for client referrals and other
4 benefits which, ultimately, resulted in a financial
5 benefit to Recovery Advocates.

6 Q. If you can give me a little bit of
7 background as to what type of company Recovery
8 Advocates of America are?

9 A. Recovery Advocates is listed as 501c3
10 organization, which is a nonprofit located in
11 Hamilton, New Jersey, and, according to their
12 website, provides substance use interventions and
13 navigation to resources for the treatment of
14 substance use disorders. Recovery Advocates is
15 comprised of three paid employees with various
16 titles but are recovery coaches, and there is also
17 six board members all who are volunteers.

18 Q. Now, approximately, how many clients
19 does Recovery Advocates have a year?

20 A. According to sworn testimony from a
21 Recovery Advocates former executive director, he
22 indicated that, approximately, seven to eight
23 hundred clients, however, according to documents
24 received from Recovery Advocates, there were about
25 1,200 client referrals from 2017 through 2020 which

1 amounts to about an average of 300 per year.

2 Q. Where did Recovery Advocates get their
3 clients from?

4 A. As I previously mentioned, Recovery
5 Advocates has a website where individuals can find
6 them on the internet. They also get their clients
7 by word of mouth and through law enforcement
8 programs.

9 Q. Now, we talked earlier about the value
10 of people with private health insurance, in terms of
11 Recovery Advocates clients did they all have
12 insurance?

13 A. They had a range of clients, those
14 that were on Medicaid, those that had no insurance,
15 and those who had private insurance.

16 Q. Which clients did SCI focus on as it
17 relates to this investigation we are talking about
18 here?

19 A. We focused on those individuals with
20 private insurance, because we found that those
21 patients with private insurance were primarily the
22 patients that were being brokered because of the
23 anticipated insurance revenue.

24 Q. Now, what did the SCI find was the
25 main service that Recovery Advocates provided for

1 these clients?

2 A. They provided referrals and
3 transportation which were mainly to Florida.

4 Q. All right. Now, to be able to provide
5 these referrals and transportation, how was Recovery
6 Advocates funded?

7 A. According to Recovery Advocates books
8 and records, they were funded by individual
9 donations, grant money and, by far, the largest
10 amount of funding was provided by private treatment
11 centers.

12 Q. Now, you said that most of these funds
13 come from private treatment centers, how does
14 Recovery Advocates receive these funds from these
15 treatment centers?

16 A. The funding came in the form of
17 donations, sponsorship agreements and rent payments.

18 Q. You said sponsorship agreements, what
19 are those?

20 A. Sponsorship agreement is an agreement
21 with the treatment center that would pay a monthly
22 or quarterly dollar amount, however, what we found
23 in Recovery Advocates, it was actually a service
24 agreement which amounted to an implied arrangement
25 to provide client referrals to a specific treatment

1 center in return for a monthly or quarterly dollar
2 amount.

3 Q. Now, I'm going to direct your
4 attention to Exhibit AR-85F on the screen, what is
5 this?

6 A. It shows Recovery Advocates entering
7 into what is referred to as a sponsorship agreement
8 with Banyan Treatment Center which has locations in
9 Philadelphia and Florida. Banyan paid Recovery
10 Advocates \$25,000 each quarter for four quarters
11 and, according to the agreement, Banyan would
12 receive Recovery Advocates website promotion and
13 marketing and newsletter promotions which is
14 advertising for the alumni and hospitals.

15 Recovery Advocates would also
16 distribute Banyan promotional materials at school
17 programs and community events, and Recovery
18 Advocates staff would be available for interventions
19 and transportation on behalf of Banyan.

20 Q. So based on this sponsorship
21 agreement, what did the SCI find that Banyan
22 actually received?

23 A. Based on this sponsorship agreement,
24 Banyan was, basically, having their logo placed on
25 promotional materials distributed by Recovery

1 Advocates but, in actuality, we found that Banyan
2 received client referrals from Recovery Advocates.

3 Q. Now, according to the information
4 Recovery Advocates supplied to us, how many clients
5 were referred to Banyan treatment centers?

6 A. We found there were 28 referrals to
7 Banyan. Now, while that number may not seem like a
8 lot, Banyan accepts private insurance, so, as you'll
9 learn later in this hearing, since private insurance
10 pays out so much money, 28 clients can make a
11 treatment center like Banyan a lot of money.

12 Q. Now, did SCI find that there is a
13 correlation between the amount of funding that a
14 private treatment center gave to Recovery Advocates
15 and the amount of client referrals with private
16 health insurance that the funding treatment center
17 received in return?

18 A. Yes, we did.

19 Q. Now, earlier we discussed that most of
20 the money coming in the form of donations and
21 funding to Recovery Advocates is for private
22 treatment centers, how much money did Recovery
23 Advocates bring in from these treatment centers?

24 A. Well, based on information provided by
25 Recovery Advocates, over 35 treatment centers

1 donated over \$600,000 between 2017 and 2020.

2 Q. Now, which treatment centers were the
3 biggest donors to Recovery Advocates?

4 A. The largest contributor was Banyan
5 treatment centers and its related companies which
6 are located in Florida and various other states.
7 They contributed over \$300,000 from 2017 through
8 2019. Another large contributor was Recreate
9 Behavioral Health Network and its related companies,
10 also located in Florida and in New Jersey, and they
11 contributed over \$175,000 from 2017 through 2020.

12 Q. Now, in your review of Recovery
13 Advocates' bank records and financials, did you see
14 what the funding from private treatment centers was
15 used for?

16 A. Yes, we were able to determine that
17 the donations were used for salaries and other
18 benefits such as telephone, car lease payments, gas,
19 repairs, payroll taxes. The donations were also
20 used to pay patient airline tickets, which were
21 mainly to Florida, and as well as Ubers and taxis.

22 So if you were to break it down by
23 percentage showing employee payroll and benefits
24 versus the amount of revenue they took in over the
25 year, then Recovery Advocates spent, approximately,

1 71 percent of their revenue on salaries and benefits
2 in 2020.

3 Q. Now, did the Commission find that the
4 private treatment centers received a benefit in
5 return for their donation and funding?

6 A. Yes, we found out that the large
7 majority of Recovery Advocates clients with private
8 insurance were referred to the treatment centers
9 which funded them. And we also saw that Recovery
10 Advocates used this money to purchase airline
11 tickets in order to get the clients to those
12 treatment centers.

13 Q. Earlier you spoke about referrals, to
14 make sure we are clear, when you say referrals, what
15 do we mean?

16 A. A patient referral is simply when an
17 individual sends someone in need of treatment to a
18 specific facility. The person connecting the
19 patient with the treatment center would be making
20 the referral.

21 Q. And why are referrals of patients with
22 private health insurance so lucrative?

23 A. The bottom line is that's because
24 private insurance pays the most, and that we will be
25 discussing a little more later in this hearing.

1 Q. How did the SCI find that each of the
2 referrals worked? If Recovery Advocates had a
3 client with private health insurance, where would
4 they be referred?

5 A. Typically, the client would be
6 referred to one of the treatment centers providing
7 the funding to them.

8 Q. Do you know if Recovery Advocates
9 board of directors was aware that Recovery Advocates
10 was referring clients to treatment centers funding
11 them?

12 A. A board member testified they did not
13 receive information as to where the referrals went
14 but just that Recovery Advocates made a certain
15 number of referrals that month.

16 Q. Who at Recovery Advocates would make
17 the determination as to where a client would be
18 referred?

19 A. The recovery coaches. Keep in mind,
20 the recovery coaches are not clinicians and,
21 therefore, are untrained in determining what a
22 person's addiction and, maybe, mental health issues
23 are, and what treatment centers are best for them.

24 Q. Now, why is it significant that
25 recovery coaches are making this type of

1 determination?

2 A. In the case of Recovery Advocates,
3 recovery coaches are sending clients with private
4 insurance to treatment centers which may not
5 adequately provide the necessary care they need,
6 but, instead, are encouraging them to go there
7 because that's where the money comes from.

8 Q. Why is this practice of providing
9 referrals in turn for donations and funding an
10 issue?

11 A. It's a big issue, because it
12 incentivizes people of organizations who are
13 supposed to be helping vulnerable patients into
14 treatment centers that may not be best suited for
15 them.

16 Q. Now, does this raise questions as to
17 the motivation behind the placements?

18 A. Yes, since it creates an opportunity
19 to exploit patients.

20 Q. Now, are certain treatment centers
21 better suited to treat specific types of addiction
22 for mental health issues?

23 A. Based on medical professionals, who
24 are in the field, they say yes, that's why it's
25 important that referrals are made by a clinician or

1 a doctor, not a recovery coach.

2 Q. Now, you stated earlier that donations
3 from private treatment centers are also used for
4 airline tickets, can you explain how that works?

5 A. So, for example, Recovery Advocates
6 will allow airline tickets to be paid on their debit
7 card by treatment centers who provided funding to
8 Recovery Advocates. Treatment centers did this in
9 order to fly patients to their facilities which, for
10 the most part, were not even Recovery Advocates'
11 clients.

12 Q. Why is this an issue?

13 A. As I spoke about in the previous
14 example, it's an issue because, under the law, a
15 treatment center is prohibited from buying an
16 airline ticket to fly a patient to their facility,
17 because it's considered enticement. And in the case
18 of Recovery Advocates, they are enabling the
19 treatment centers to circumvent the law. And in
20 terms of money spent, Recovery Advocates spent over
21 \$106,000 in airline tickets from 2018 through
22 February of 2020 which is far less than what the
23 treatment centers were donating to Recovery
24 Advocates.

25 Q. What were the origins and destinations

1 of these flights?

2 A. Patients were flown all over the
3 country but predominantly to Florida. So regarding
4 flights into Florida, what would happen is that
5 Recovery Advocates would provide the treatment
6 center in Florida with their debit card, although,
7 the patient had no connection to Recovery Advocates,
8 this was done in order for the treatment center to
9 get them into their facility. This is how private
10 centers, private treatment centers, are
11 circumventing the law.

12 Q. Now, were the people taking these
13 flights clients of Recovery Advocates?

14 A. According to sworn testimony from a
15 board member for Recovery Advocates, Recovery
16 Advocates only purchased airline tickets on behalf
17 of their clients, never for non-clients, however,
18 according to the list of clients that Recovery
19 Advocates provided to us, and sworn testimony from
20 the former executive director, this is not true.

21 So, for example, from a list of,
22 approximately, 180 people Recovery Advocates
23 purchased tickets for, only ten of them appear to be
24 Recovery Advocates' clients.

25 Q. Since these people were not Recovery

1 Advocates' clients, why did Recovery Advocates pay
2 for them?

3 A. Well, it appears they tried to help
4 treatment centers circumvent the law.

5 So here's another example of what we
6 saw. Recovery Advocates received donations from
7 Allure Detox which is related company of Recreate
8 Life. Allure Detox used Recovery Advocates debit
9 card to purchase airline tickets for Allure Detox's
10 patients. Now, since Allure Detox under the law
11 would be prohibited from purchasing tickets,
12 Recovery Advocates facilitated the transportation of
13 Allure clients in order to circumvent the law.

14 Q. So the SCI investigation showed that
15 the donations received were used, in part, to
16 purchase plane tickets for Allure Detox and its
17 related treatment center clients?

18 A. Yes, in part. However, Recovery
19 Advocates received much, much more than the actual
20 cost of the tickets which amount to a significant
21 financial benefit to Recovery Advocates from this
22 arrangement.

23 Q. Now, in the course of your
24 investigation, did you find Recovery Advocates was
25 always working in the best interest of their

1 clients?

2 A. Okay. So those with private
3 insurance, the motives for the referral may not have
4 been with the best interest of the client involved,
5 but, rather, to provide a body to the donating
6 treatment center. For those with no insurance, we
7 found, again, no, not always. Recovery Advocates
8 was supposed to help all their clients, but clients
9 without private insurance were not always treated
10 the same and, in fact, we spoke with a person who
11 told us about their dealing with Recovery Advocates
12 as a client without insurance.

13 Q. Now, what did this person tell us?

14 A. The person told us about how they were
15 treated as a person without private insurance by
16 Recovery Advocates and those who worked with them.
17 They explained the steps that Recovery Advocates
18 made them go through, despite being promised help to
19 get them into a treatment center and did not. This
20 particular client was not referred to one of the
21 donating treatment centers but, instead, Recovery
22 Advocates instructed them to perform reckless
23 behavior, specifically directing this client to
24 consume alcohol and take illegal drugs.

25 MS. CIALINO: We will now play for you

1 a recording of this individual describing their
2 experience with Recovery Advocates of America and
3 how they were treated as a person without private
4 health insurance.

5 This person's identity and voice have
6 been disguised to protect them.

7 (At this time, the Prerecorded
8 Statement of a Non-Profit Client was played as
9 follows:

10 "I was living out of a hotel. Me and
11 my girlfriend we had a room there a couple of nights
12 or whatever and so obviously money ran out. So she
13 was being helpful at first, and putting us up for a
14 room and stuff like that, without paying and
15 everything like that. So I was not using, you
16 know what I mean. I was trying to stay straight,
17 things were going good. I was trying to get into
18 rehab and I couldn't get into a rehab. They
19 obviously wouldn't take me. My friend was going on
20 methadone. It wasn't a methadone type of facility
21 and I was just addicted to cocaine. They were
22 making me wait for a bed, probably at least a good
23 20 days. Still they had no bed. So they're like,
24 "You're going to go to rehab. We have to get you go
25 through a hospital." Well, I was already straight

1 or
2 whatever or I wasn't using. I was having a really
3 rough time with it. So they said. "The only thing
4 is you're going to have to drink." I said drink?
5 I'm not even a drinker. Honestly, I'm just cocaine.
6 I never even had an alcohol problem, ever. So
7 they're like, "Yeah, you have to drink." Within
8 five minutes, this girl comes out. Big glass like
9 this of straight up vodka. "You've got let them see
10 that you have alcohol in your system and you need
11 help." I was like, "I just can't tell them?" They
12 were like no. So I'm on the stairway of the hotel,
13 hiding, drinking. So then they were even saying
14 about this guy tells me on the phone. He was
15 referring for us to go get high and then come back
16 and then we were gonna go. They more or less told
17 us this is the last time that we were gonna be able
18 to do something. In other words, they wanted me to
19 go out and smoke crack and come back. And so, I
20 drank and they got us an Uber car, thinking we're
21 going right to rehab. He totally ignored the whole
22 situation and had the Uber driver just drop us off
23 at --. And we had to sit in that hospital from 7
24 o'clock at night until 6:30 the next morning. She
25 came and told me because of the little amount of

1 alcohol that I had in me that maybe I would be
2 allowed to do a 1 to 3 day detox. And that's
3 all they were doing for me.")

4 BY MS. CIALINO:

5 Q. So this person in recovery was asked
6 by Recovery Advocates employees to consume drugs and
7 alcohol in order to get into treatment?

8 A. Yes, that's correct.

9 Q. Did this individual have private
10 health insurance?

11 A. No, they did not have private health
12 insurance.

13 Q. Agent Rennert, this particular
14 individual was not referred to a treatment center
15 that was funding Recovery Advocates; is that
16 correct?

17 A. No, they were not, since this client
18 did not have private insurance. May I add, this is
19 done to so many individuals in this industry just
20 like the one you just heard from -- for the people
21 that do not have private insurance, and the
22 motivation behind this is simple, there is no
23 financial incentive for a treatment center to admit
24 them. And, in turn, this wouldn't warrant a
25 donation to an organization like Recovery Advocates

1 to send them there as a referral.

2 MS. CIALINO: Thank you, Agent
3 Rennert.

4 FURTHER EXAMINATION

5 BY MS. CIALINO:

6 Q. Agent Cartagena, we just heard about a
7 nonprofit referring patients to treatment centers
8 and buying airlines tickets for treatment centers
9 that donate to them.

10 I want to talk to you about another
11 way you stated at the beginning of this panel that
12 SCI saw patient brokering activity which was through
13 recovery coaches.

14 A. Yes, what we saw was recovery coaches
15 working for a community-based company, or nonprofit,
16 and, also, working for a private treatment center at
17 the same time. They then sent people with private
18 insurance policies to that treatment center that is
19 paying them. However, we found that these recovery
20 coaches are not disclosing to anyone that they are
21 actually employed by the treatment center they are
22 referring people to. The recovery coaches, in
23 essence -- are, in essence, financially compensated
24 on a commission spelled concept, this all creates a
25 conflict of interest for the recovery coach.

1 Q. Can you explain to us when an
2 individual struggling with addiction typically comes
3 into contact with the recovery coach?

4 A. Yes. A recovery coach is someone who
5 offers non-clinical support to someone else going
6 through addiction issues. Often, they are in
7 recovery themselves and can help relate to the
8 people and family members struggling with addiction.
9 They go to emergency rooms to meet with patients
10 struggling with addiction issues. They also come to
11 patient's bedrooms, or people's houses or work
12 community-based programs. And they are often one of
13 the people that someone needing help would come into
14 contact with.

15 Q. Now, are these recovery coaches
16 licensed with the State of New Jersey?

17 A. No, they are not overseen by any state
18 agency.

19 Q. Are recovery coaches required to have
20 a clinical background?

21 A. No, they are not.

22 Q. Can you explain some examples that the
23 SCI has found regarding recovery coaches receiving
24 salaries in return for referrals?

25 A. Sure. You'll hear about one recovery

1 coach, John Brogan, who has since passed away from
2 an overdose, set up his own company in Toms River,
3 and used his law enforcement and government contacts
4 to get him access to clients. He used these clients
5 with private health insurance to get large salaries
6 from treatment centers he sent them to.

7 You will also hear about a recovery
8 coach working for a nonprofit in Morris County who
9 used his access to nonprofit clients to refer
10 individuals with private insurance to a treatment
11 center in Pennsylvania. This treatment center was
12 paying him a salary plus bonuses for additional
13 referrals.

14 Lastly, you will hear about a recovery
15 coach working in a senior management position in a
16 New Jersey hospital system that provided addiction
17 support services, but, at the same time, he was
18 getting paid by numerous treatment centers at the
19 hospital he referred patients to.

20 Q. Agent Cartagena, these examples you
21 just described, will we hear how much money these
22 recovery coaches received per client referred?

23 A. No, it's much more sophisticated than
24 that. As mentioned earlier, patient brokering has
25 evolved. The traditional cash for patient now comes

1 in other forms for these recovery coaches by way of
2 salaries consulting fees, and other monetary
3 benefits. They do this without directly linking
4 them to the number of patients and that is
5 strategic, however, the intent is evident when they
6 get fired for not delivering.

7 Q. Let's talk about John Brogan first.
8 How did he get access to so many clients?

9 A. He, basically, created a network
10 including public entities and law enforcement
11 organizations that established and air of legitimacy
12 and gave him access to countless clients. He set up
13 his own company Lifeline Recovery, and contracted
14 with a county sheriff's department to meet people
15 who had addiction issues in the prisons, the county
16 prosecutor's office, and numerous police departments
17 through the Blue Hart Program. He hired additional
18 recovery coaches to work for his company, and he
19 created a network with public entities which gave
20 him access to cash through funding and access to
21 clients.

22 Q. Now, if someone needed help getting
23 the treatment, what would John Brogan do?

24 A. If they have Medicaid or no insurance,
25 he work to find them a bed at a Medicaid facility;

1 however, if they had private insurance, Brogan would
2 sent them to the treatment center that employed him
3 at the time.

4 For example, during the early stages
5 of our investigation, SCI sent a documented
6 confidential source and an SCI agent into Brogan's
7 Lifeline Recovery Services to get a better
8 understanding on how Lifeline recruited patients to
9 one of Brogan's treatment centers.

10 Once inside Lifeline, the undercover
11 and the confidential source acted as a client, met
12 with a receptionist who asked a series of questions
13 related to the type of drug use and insurance
14 coverage patient had, the client was soon introduced
15 to an administrative manager, who had already
16 prepared documents for signatures. The same
17 administrative manager told the SCI agent and the
18 confidential source that the CEO of Lifeline, John
19 Brogan, maintained a good relationship with the
20 Discovery Institute and another treatment facility
21 located in Pflugerville, Texas called Any Length
22 Retreat. She went on to say that the Texas facility
23 was -- only accepted cash. During the meeting she
24 was asked what would happen if the CS posing as a
25 client was arrested. She claimed that Lifeline

1 Recovery Support Services had an extremely tight
2 relationships with law enforcement officials.

3 Q. Now, did the SCI find that Brogan was
4 being paid by the Discovery Institute and Any Length
5 Retreat?

6 A. Yes, SCI found over 20 facilities
7 across the country, including treatment centers in
8 Florida, California, Pennsylvania, and New Jersey.
9 As you can see on the screen, these are a few of the
10 many we found.

11 Q. Why did he work for so many different
12 facilities?

13 A. Well, if he did not deliver as many
14 patients as he promised, he would get fired and move
15 on to the next treatment center that would hire him.

16 Q. And how much --

17 A. Mr. Brogan -- excuse me, Mr. Brogan
18 referred to this practice as the hustle. Sorry
19 about that.

20 Q. How much money did John Brogan make
21 from these treatment centers?

22 A. In a little over a two years, Brogan
23 brought in over \$600,000 from these treatment
24 centers, this includes the contract he signed with
25 Behavioral Wellness & Recovery in Pennsylvania, that

1 would pay him \$360,000 a year. He was terminated
2 after six months.

3 Q. Now, was John Brogan a clinician?

4 A. No, he was a recovery coach.

5 Q. Was a clinician employed by his
6 company Lifeline Recovery?

7 A. At times, they had a clinician to help
8 out, but only for a little while, but the SCI found
9 that the clinician was not involved in referrals,
10 they would just help meet with Lifeline patients,
11 usually after receiving addiction treatment.

12 Q. So who was making the decision as to
13 where Lifeline clients would be referred to?

14 A. Brogan and his recovery coaches.

15 Q. Agent Cartagena is this problematic
16 for Brogan and his fellow recovery coaches to be
17 making decisions regarding referrals?

18 A. Yes, similar to the concerns mentioned
19 by Agent Rennert, neither Brogan or any recovery
20 coach utilized were clinicians and unable to
21 properly determine the best treatment or placement
22 for patients who may have specific needs.

23 Q. Did John Brogan let his client know he
24 was actually an employee of the specific treatment
25 center?

1 A. No, he would not tell them that he was
2 an employee of a specific treatment center.

3 Q. How is this behavior by John Brogan
4 and his company, Lifeline, similar to traditional
5 cash for patients by the broker?

6 A. Well, Brogan was receiving payments
7 for referrals of private insurance clients that he
8 came across through his government contracts or
9 through his company Lifeline. Once he did not refer
10 enough clients, his employment was terminated. SCI
11 found that Brogan's payments from these treatment
12 centers were disguised as salaries, consulting fees,
13 and rent, however, they were actually for clients
14 with private insurances.

15 Q. Now, in addition to John Brogan, you
16 also talked about another recovery coach who was
17 working for a Morris County community-based
18 nonprofit that he was referring people with private
19 insurance to a treatment center that was paying him.
20 Can you explain how this worked?

21 A. Yes, the nonprofit he worked for had
22 grants provided, they had grants that provided
23 recovery support services throughout Morris County.
24 This individuals is a recovery coach who met people
25 through different county programs or a walk-in

1 through the facility. When he had someone with
2 private insurance, he would he refer them to the
3 treatment center he was working for called Avenues
4 with a location in Pennsylvania. He received
5 bonuses per head in this contract.

6 Q. Now, I'm going to direct your
7 attention to Exhibit AR-85N on the screen. What is
8 this?

9 A. This is part of the employment
10 contract that the recovery coach received from
11 Avenues.

12 Q. Now, I want to direct your attention
13 to the highlighted part of the document, what does
14 it say?

15 A. Well, as you can see in the
16 highlighted portion, the recovery coach was paid
17 \$60,000 a year. In addition to the base salary, the
18 contract says, and I quote, "the employee shall be
19 paid a performance base incentive. In consideration
20 for every paying referral that the employee brings
21 to the Avenues for treatment the employe will
22 receive \$300." If you look in the parentheses part
23 of it, it says, "a referral must remain in treatment
24 at least five days and does not include a
25 scholarship client."

1 Q. So according to the employment
2 contract, the Morris County recovery coach received
3 an extra \$300 for each client he referred to
4 Avenues?

5 A. Yes, that's correct.

6 Q. Was his employer, the nonprofit, aware
7 that the recovery coach was employed by an outside
8 treatment center?

9 A. No, not at first. Once they became
10 aware, they asked him to resign, because they
11 believed that his outside employment was a conflict
12 of interest.

13 Q. Who was the recovery coach referring
14 to this treatment center Avenues?

15 A. Patients with private insurance that
16 he came across through his position as a recovery
17 coach at the nonprofit.

18 Q. Was this recovery coach a clinician?

19 A. No, he was not.

20 Q. How was this conduct that you just
21 described as a Morris County recovery coach similar
22 to the traditional cash for patient brokering --
23 body brokering?

24 A. That's because a recovery coach was
25 receiving a monetary benefit for referring a patient

1 to the facility paying him. The payments were
2 disguised as a salary with bonuses, but, actually,
3 they were just payments for clients with private
4 insurance.

5 Q. What about the third example you
6 stated, a recovery coach working for a New Jersey
7 hospital system, can you tell me how he was engaging
8 in behavior that the patient brokering laws are
9 designed to prohibit?

10 A. The hospital had recovery support
11 programs where an individual with an addiction issue
12 or came in as an overdose victim is visited bedside
13 by a recovery coach. The recovery coach talks to
14 the patients and see if they will accept help. If
15 the patient accepts help, the patient is given
16 options as to where they should go for treatment.
17 This recovery coach had a senior management position
18 at the program. Overseeing patient navigators and
19 other recovery coaches. At the same time, he was
20 employed by treatment centers in the state,
21 sometimes more than one at a time, working to get
22 people into treatment.

23 Q. Now, which treatment centers was this
24 recovery coach employed by?

25 A. Well, as early as 2022, this recovery

1 coach was employed at Enlightened Solutions, a
2 treatment center group in Atlantic County, that
3 accepts private health insurance. He was also
4 previously employed by Discovery Institute, Tranquil
5 and Quest and other treatment facilities. All of
6 these facilities received referrals from the
7 hospital system that the recovery coach works for.

8 Q. Now, how much was this recovery coach
9 making from these treatment centers?

10 A. Since 2016, the recovery coach made
11 close to \$400,000 from treatment centers on top of
12 what he earned from the hospital system. Also, as
13 of mid 2022, he was making \$50,000 a year for
14 Enlightened Solutions.

15 Q. Now, did individuals go from the
16 hospital system programs to these treatment centers
17 that were paying the recovery coach?

18 A. We found individuals from the hospital
19 system being referred to all the treatment centers
20 that this recovery coach was getting paid by.
21 Specifically, the treatment center most recently
22 employing this recovery coach, Enlightened
23 Solutions, received, approximately, 50 referrals
24 from the hospital system between 2019 and mid 2022.
25 And Enlightened Solutions is a treatment center that

1 accepts only private health insurance and, as you
2 will hear more in panel three, 50 referrals is a lot
3 since private insurance policies are worth a lot of
4 money.

5 Q. Now, was this recovery coach -- excuse
6 me, what was this recovery coach's role at the
7 treatment centers that he was employed by?

8 A. Outreach or marketing. Basically,
9 working to get people into the facilities he was
10 employed by. The recovery coach testified under
11 oath before the SCI and says that at Enlightened
12 Solutions he goes to events to advocate to people.
13 He also said he had no other job duties with
14 Enlightened Solutions.

15 Q. Was his employer, the hospital system,
16 aware of his additional employment, that outside
17 treatment centers?

18 A. No. The recovery coach said that he
19 had not told anyone that he was employed by outside
20 treatment centers.

21 Q. Now, did individual have a clinical
22 background?

23 A. No, he said he referred people to
24 facilities that he thought were a good fit, despite
25 not having any clinical background making him able

1 to medically make that determination.

2 Q. And how is this conduct similar to the
3 cash for patients body brokering?

4 A. Well, the recovery coach was employed
5 by hospital systems that had access to a lot of
6 patients. This recovery coach was getting paid
7 additional salaries on the side by referring
8 patients to the treatment centers that his employer,
9 the hospital system, also happened to be referring
10 patients to.

11 Q. All right. Thank you, Agent
12 Cartagena.

13 MS. CIALINO: At this time we want to
14 play a video of an SCI source who has experience, or
15 vast experience, working in the industry who can
16 explain what he or she has seen related to patient
17 brokering in the industry and its negative impacts.

18 Since this is a source and they work
19 in the industry, we have prerecorded this sworn
20 testimony, altered the source's voice, and hid their
21 face.

22 Before we play that, I guess, at this
23 time, Commissioner questions?

24 COMMISSIONER BURZICHELLI: I wanted to
25 jump in at this point, especially Agent Cartagena.

1 Did the hospital do anything to vet these recovery
2 coaches and this employment situation, did they ask
3 in advance if they had a relationship with anyone
4 else? When they were employed, did they continually
5 monitor these people to make sure that they were
6 only working for the hospital, no one else? Was
7 there any type of oversight of these people and
8 their conduct in their role with the hospital?

9 MR. CARTAGENA: At the time, they had
10 no idea this recovery coach was doing what he was
11 doing. As of now, I believe that they are aware.
12 We have spoken to the hospital system recently, and
13 they are in the process of putting in place a policy
14 that would either -- we don't know where they are
15 going to land, whether it's going to be allowed or
16 not allowed.

17 COMMISSIONER BURZICHELLI: Thank you.

18 COMMISSIONER REINA: Agent Cartagena,
19 you had testified at the outset about the 2021
20 patient brokering law, and if I recollect your
21 testimony, you said, as far as you know, nobody has
22 been charged under that law; is that correct?

23 MR. CARTAGENA: That's correct,
24 Commissioner.

25 COMMISSIONER REINA: Are the

1 activities that Brogan and his ilk, and the people
2 you investigated from the Morris County situation,
3 were their activities, the activities that are the
4 law covered, as far as you know.

5 MR. CARTAGENA: I'm sorry, I didn't
6 get the last part.

7 COMMISSIONER REINA: Are the
8 activities that Brogan and the investigation in
9 Morris County, are they activities that they engaged
10 in the type of activities that would be covered by
11 the patient brokering law, if you know?

12 MR. CARTAGENA: I believe so.

13 COMMISSIONER REINA: So, as far as you
14 know, the law would cover those activities but they
15 just were not enforced, to the best of your
16 knowledge.

17 MS. CIALINO: If I can jump in,
18 Commissioner, the law went into effect 2021, some of
19 those activities are prior to 2021, and, you know,
20 there would be questions as to whether the law would
21 actually cover the conduct as it states today. But,
22 you know, that's something that we will work to make
23 recommendations on in our final report.

24 COMMISSIONER REINA: Okay. Thank you.

25 CHAIR WILLIAMS BREWER: No further

1 questions.

2 MS. CIALINO: Now, if we could play
3 the video of the source. Again, the voice has been
4 altered and the face has been blurred to protect
5 this individual's identity.

6 (At this time, a video of a
7 prerecorded statement of Treatment Center Client is
8 played as follows:

9 "EXAMINATION BY MS. CIALINO:

10 Q. How long have you worked in the
11 addiction treatment industry?

12 A. I have worked in the addiction
13 treatment industry for probably over 15 years.

14 Q. Now, what type of places have you
15 worked at within the addiction treatment industry?

16 A. I've worked in detoxes, I've
17 worked in inpatient programs, I've worked in PHP
18 programs, I've worked in IOPS and outpatients, and
19 also, non-profits. And also, a few treatment
20 centers, also.

21 Q. Now, in terms of your experience,
22 have you worked in the addiction treatment industry
23 in New Jersey?

24 A. Yes.

25 Q. And what types of jobs have you

1 held at these addiction treatment centers?

2 A. Many jobs. Transportation,
3 clinician, interventionist, director of
4 interventions, director of marketing, owner. I've
5 done just about every job there is to do in the
6 addiction industry.

7 Q. What about non-profits? You
8 mentioned them, too. What type of jobs have you
9 held at non-profits?

10 A. I volunteered at many
11 non-profits, as a transport, interventions,
12 fundraising. Multiple titles.

13 Q. Now, are you familiar with
14 patient brokering or body brokering?

15 A. Yes.

16 Q. Have you seen patient
17 brokering occur in the addiction treatment industry?

18 A. Yes.

19 Q. In what forms?

20 A. In many forms.

21 You have a salary that you're getting
22 and there is a commitment that you will get in three
23 to four patients each month, and that will cover
24 your salary.

25 Anything above that, you can be paid

1 anywhere from 1,000 to \$2,000 per client, as long
2 as -- most treatment centers, as long as they stay
3 for two weeks. You have to make sure that they stay
4 for a little while in order for us to pay for it.

5 Q. What other forms of patient
6 brokering have you seen in the industry?

7 A. Let's say I own a detox, or
8 I'm the director of a detox, and I'm a standalone
9 detox, meaning we just detox people and that's it.
10 Now, if someone sends me a patient, or a client, to
11 be detoxed, they want that client coming back to
12 their treatment center. It's very important.

13 Q. Now, in -- in terms of owing a
14 client back, you know, how does that work?

15 A. If I'm sending 12, 15 detox
16 patients to a standalone detox, I expect 12 to 15
17 patients coming back to my treatment center. And if
18 they're not, we're going to have a problem. Okay?
19 I sent you ten this month, you got me back seven.
20 You owe me three patients, three clients. That's
21 what you owe me. Three. And you better get them to
22 me as soon as possible or I'm not sending you any
23 more people. I've been in many of these meetings.

24 The addict and the alcoholic, you
25 know, becomes a commodity. It's a trade. And a lot

1 of times, whether they're appropriate for that level
2 of care or that treatment center doesn't matter.
3 You're sending them. And there are places that do
4 not do that. But there's more than -- than there
5 are not.

6 Q. Now, the people we're talking
7 about here getting, you know, traded or brokered,
8 are they typically people with private insurance
9 plans or are they typically no insurance or Medicaid
10 type people?

11 A. Yeah, no one's swapping for
12 Medicaid clients. It's sad to say, but, you know,
13 in the State of New Jersey, the reimbursement rates
14 for Medicaid and Medicare are well below what you
15 would
16 get for a -- specifically an out-of-network policy.
17 Out-of-network pays the most.

18 Q. Now, when you're talking
19 out-of-network private insurance, how much can a
20 treatment center bring in from those treatment
21 centers per patient?

22 A. The numbers vary with each
23 different insurance company. Could be \$800 a day,
24 could be \$1,800 a day.

25 Q. And when we're talking, you know,

1 those -- those numbers, 800, \$1,800 a day,
2 approximately, obviously, how many days typically
3 can these treatment centers bill the insurance for
4 at that rate?

5 Well, let's say on average you
6 got -- let's just say 20. Okay. And you're getting
7 800 a day.

8 Do you have a calculator? That's a
9 lot. That's a lot of money per month.

10 Q. Going back to patient brokering,
11 in terms of non-profits, have you seen patient
12 brokering occurring in a -- in relation to
13 non-profits?

14 A. Yes. There are certain
15 non-profits in many states, including New Jersey,
16 who the people that volunteer at those non-profits
17 don't get paid anything.

18 But there's also non-profits in other
19 states and in the State of New Jersey where people
20 who work there are paid salaries and have benefits.

21 So these non-profits need -- need to
22 generate donations.

23 Certain non-profits will accept
24 donations from treatment centers. I approached this
25 nonprofit, You've been sending us a lot of clients,

1 we're very grateful, we're going to make a donation
2 of \$10,000 a month to you. Keep the clients coming.
3 Or maybe you'll let us open up a little outpatient
4 program in your building. Keep the clients coming.

5 Q. Now, are any of these agreements,
6 you know, in your experience, we're talking, hey,
7 there's -- you know, we'll give you a donation, keep
8 the referrals coming, is that ever put in writing?

9 A. No.

10 Q. How is it conveyed?

11 A. Verbal.

12 Q. And based on what you've seen, if
13 the referrals stop, do the donations stop?

14 A. They can. They definitely can.
15 I've been in many meetings, You only sent me five
16 clients this month; we're giving you \$10,000 a month
17 to help you keep this place open; we're one of the
18 reasons why you're doing well; we need more clients.

19 And then behind closed doors, it's
20 like, We got to get these people some -- we've got
21 to get them some addicts, we've got to get -- got to
22 get them some referrals. Okay. We can't lose this
23 \$10,000 a month. This is really important, we need
24 to keep this place open.

25 Q. Now, how can patient brokering

1 affect a person who's trying to get clean and sober?

2 A. I think it -- it has -- in the --
3 the whole system of getting a client to a treatment
4 center using marketers or outreach specialists or
5 community liaison, whatever bullshit name they give
6 it, your job is to get clients. As many as you can.
7 And not only can it harm the client, because the
8 client can be sent somewhere that they shouldn't go.
9 We have a client with an under -- underlying
10 psychiatric issue that was diagnosed at a young age
11 going to an addiction treatment center that doesn't
12 belong there. Let them figure it out. I've been in
13 that -- those --

14 This is the only industry where you
15 can go from, mop floors, nothing wrong with that,
16 now I'm --one year later, I'm the director of
17 marketing of a treatment center that -- that has a
18 hundred patients, and I've only been working here
19 for -- for a year. I've only worked in the industry
20 for a year, now I'm making \$150,000 a year and I
21 haven't directed shit. Ever.

22 And these people are not licensed.
23 They have no clinical training whatsoever. They
24 have no ethical training whatsoever. They're only
25 as good as the person who's training them, and that

1 person is most likely, 90 percent of the time, the
2 guy who went from janitor to chief marketing officer
3 in a freaking year. Like, what?

4 You know, get them in, let's figure it
5 out, if we need to -- need to send them somewhere
6 else, we will. That's the philosophy of those
7 places.

8 Q. And those, again, are people with
9 private insurance plans, correct?

10 A. Yes. Yes. No one is fighting
11 over Medicare -- Medicaid clients, sorry to say.

12 Q. Now, what about when we're
13 talking about, you know, non-profits making
14 referrals specifically, or recovery coaches making
15 referrals, people who aren't affiliated with a
16 specific treatment center, are they qualified to
17 make referrals?

18 A. I don't believe so.

19 Q. Why not?

20 A. Just because I -- you know, I
21 don't think those people should be referring anyone
22 anywhere. I think what they should be doing is
23 getting the information and passing it along to the
24 appropriate clinician, not calling a treatment
25 center and saying, Hey, I got somebody for you,

1 'cause the treatment center, first thing they think
2 is cha-ching.

3 Q. And then, you know, based on your
4 experience, if -- if that person does have these
5 psychiatric issues that maybe the treatment center
6 isn't -- isn't set up to treat, yet that patient has
7 a good private insurance policy?

8 A. If someone has a primary
9 psychiatric issue, most of the treatment centers
10 that I worked at, they would say we can -- we can
11 treat this.

12 Q. And could they?

13 A. No. You need to refer that --
14 that person out to a place that -- that is
15 psychiatric primary. That's what they do. And the
16 addiction being secondary.

17 Q. Or is that what they do or is
18 that what should be done?

19 A. I'm sure there's places that do
20 it, but I've never seen any. But that's what should
21 be done.")

22 MS. CIALINO: Do you have any
23 additional questions, I know we had questions before
24 we wrap this panel up.

25 CHAIR WILLIAMS BREWER: No additional

1 questions at this time. I do understand there are
2 some technical difficulties online. So for those of
3 you live streaming, we are getting ready to take a
4 break to fix those, and we do apologize. Thanks for
5 hanging in with us, and please continue to.

6 There is one thing I did want to ask,
7 if we could clarify for the record, just for the
8 public's purposes, we have seen videos or heard
9 audio of two confidential sources, were those
10 confidential sources' testimony that we are viewing
11 that was previously recorded, where did that occur
12 and was that under oath? Or can you just give us a
13 little context for the public as to what they were
14 hearing and seeing.

15 MS. CIALINO: Well, in terms of the
16 last witness that we just saw -- that we heard and
17 saw on the video, that was done under oath in our
18 office. In terms of the shorter clips of the
19 sources that we heard that were audio only, those
20 were from interviews and, obviously, were recorded
21 and were done where it was convenient for the
22 source.

23 CHAIR WILLIAMS BREWER: Under our
24 statutory authority, correct?

25 MS. CIALINO: Correct.

1 COMMISSIONER BURZICHELLI: One last
2 question, in the course of you investigating these
3 various entities, specifically Recovery Advocates,
4 did you find that these entities provided any
5 training whatsoever to these recovery coaches in
6 terms of how to assess a patient's need and match
7 them to the facility, was there any type of training
8 at all given to these people?

9 MR. CARTAGENA: Well, these recovery
10 coaches that are working for these agencies are in
11 recovery themselves. As far as training, I'm not
12 aware that there are formal type trainings other
13 than that you are working at this facility, you have
14 this person who needs help go speak to them and see
15 where you can situate them. However, there is some
16 training, I believe it's called CCAR, that they go
17 to and there is a certification for them.

18 COMMISSIONER BURZICHELLI: Thank you.

19 MS. CIALINO: And just to be clear,
20 Agent, the CCAR training, that's ethical training
21 and some hands-on training, but is that clinical
22 training?

23 MR. CARTAGENA: No, it's not.

24 MS. CIALINO: Okay. Do you know if
25 they have any clinical training?

1 MR. CARTAGENA: None whatsoever.

2 CHAIR WILLIAMS BREWER: Are we done
3 with this panel?

4 MS. CIALINO: If there no other
5 questions from you guys, then we are done, and Agent
6 Cartagena and Agent Rennert, you two can step back.
7 Thank you.

8 CHAIR WILLIAMS BREWER: We will take a
9 brief break for our technical staff to fix the
10 issues, but we will resume momentarily.

11 Thank you.

12 (At which time, a recess was taken.)

13 MR. LACKEY: Are we ready to proceed?

14 CHAIR WILLIAMS BREWER: We are ready.
15 Thank you to those online, online streaming, for
16 being patient with us, and we will resume.

17 MR. LACKEY: Counsel Cialino, thank
18 you very much for the last panel, thank you very
19 much witnesses.

20 We have another panel coming up where
21 we're going to talk in detail about the private
22 outpatient facilities. In particular, we will be
23 focused on those that take private insurance as
24 we've been discussing, so please pay close attention
25 to the questionable conduct occurring within the

1 private outpatient facility that we are going to
2 highlight and the flow of money through that.

3 At this time, Counsel Cialino, please
4 call your next witnesses.

5 MS. CIALINO: At this time the SCI
6 would like to call Forensic Accountant Laura
7 Mercandetti and Investigative Agent Karen Guhl to
8 testify.

9 FORENSIC ACCOUNTANT LAURA MERCANDETTI
10 and INVESTIGATIVE AGENT KAREN GUHL having been first
11 duly sworn, were examined and testified as follows:

12 EXAMINATION

13 BY MS. CIALINO:

14 Q. Thank you. Agent Guhl, if you can
15 state your name for the record.

16 A. Karen Guhl.

17 Q. Where are you currently employed?

18 A. With the New Jersey State Commission
19 of Investigation.

20 Q. And how long have you been with the
21 State Commission of Investigation?

22 A. I began with the Commission in July of
23 1999.

24 Q. Now, what's your role there?

25 A. I'm an investigative agent. We take a

1 look into investigations related to organized crime,
2 official corruption, and the waste, fraud, and abuse
3 of taxpayer money.

4 Q. All right. Now, prior to SCI, where
5 were you employed and tell me a little bit about
6 what you did there?

7 A. I was with the New Jersey Division of
8 Criminal Justice previously for a period of
9 12 years. I worked on investigations relating to
10 anti-trust and program integrity issues, did
11 financial investigations in the Economic Crime
12 Bureau and the Medicaid Fraud Unit.

13 Q. Now, we just heard about patient
14 brokering, certain people in the state are using
15 patients with private insurance to get monetary
16 benefits in return; is this correct?

17 A. Yes. We identified that financial
18 benefits accrue to individuals in nonprofit
19 organizations and to recovery coaches.

20 Q. Now, did we investigate where the
21 majority of these referrals from nonprofits and
22 recovery coaches were going?

23 A. Yes, most of them were being referred
24 to private outpatient treatment facilities.

25 Q. Now, what is private outpatient

1 treatment facilities?

2 A. As the name implies, it is an
3 outpatient facility where a client comes during the
4 day, they do not stay over night. While on the
5 premises during day, the patients will receive their
6 treatment for whatever issues they are in treatment
7 for.

8 Q. What type of -- these facilities, what
9 type of insurance do they accept?

10 A. These facilities, by the owner's
11 choice, only choose to accept private insurance
12 patients, they do not accept the uninsured nor do
13 they accept Medicaid or Medicare.

14 Q. Are these the only types of addiction
15 treatment centers in the state?

16 A. No, there are nonprofit treatment
17 centers and there are also treatment centers that
18 accept Medicaid and the uninsured. Also, there are
19 residential facilities where the patients stay
20 overnight. These would be, like, inpatient hospital
21 or detoxes.

22 Q. Now, why did the Commission focus our
23 investigation on private outpatient treatment
24 facilities?

25 A. That's where we saw the majority of

1 the patient brokering occurring. It's also a very
2 attractive business proposition. It has a
3 relatively low overhead insofar as they don't need
4 food service or residential overnight sleeping
5 facilities. They really only need a conference room
6 and some offices. Additionally, it has a very high
7 potential for revenue insofar as there's a steady
8 stream of patients needing the services offered.

9 Q. Now, what type of treatments are
10 offered at these type of outpatient addiction
11 treatment facilities?

12 A. There are three types of treatment
13 facilities. The services offered include partial
14 hospitalization program, or PHP, that is a very
15 intensive type of treatment, it's five or six days a
16 week for, approximately, six hours a day. The next
17 step down from that is intensive outpatient, also
18 known as IOP. That is, approximately, three hours a
19 day for three days a week. And then as the patient
20 progresses through their treatment, they arrive at
21 outpatient. And that could be anywhere from one day
22 a week for an hour, maybe one hour a month as the
23 patient progresses to sobriety.

24 Q. Now, what type of conduct did the
25 Commission find occurring at some of these

1 outpatient addiction facilities?

2 A. We found out they were making an awful
3 lot of money at the patient's expense. We noted
4 that they were billing for services that were not
5 rendered, sometimes they were billing for services
6 that were excessive or overlapping with other
7 services. Lastly, based on information we received
8 from employees of these treatment facilities, they
9 were instructed to tamper with the urine specimens
10 of the clients to provide false positive results.
11 This will be indicative of a relapse, and would then
12 set the patient up for additional days of treatment
13 at a higher level of care.

14 EXAMINATION

15 BY MS. CIALINO:

16 Q. Now, Investigator Mercandetti, as a
17 reminder, you are still sworn in.

18 Earlier we heard about one of the
19 cycles of treatment that we found in our
20 investigation, why is this cycle so important to
21 these outpatient addiction treatment centers?

22 A. Well, as previously mentioned, if a
23 client stops treatment, then the insurance payments
24 stop. And the key thing is if the client's private
25 health insurance company is still providing

1 benefits, then the owners want to take advantage of
2 that and make every effort to keep that client in
3 treatment so they can continue to bill for services.

4 Q. How can a treatment center influence a
5 patient to come to their treatment center and then
6 to stay there?

7 A. As I said before, they provided
8 incentives such as food, beverages, gifts, living
9 accommodations at sober living homes at little to no
10 cost, and transportation to their treatment center.
11 And, again, keeping in mind, all of these
12 necessities are needed by many of the clients.

13 Additionally, we found that the owners
14 of the treatment centers either have their own detox
15 facility or they have agreements with other detox
16 facilities. So if the client relapses, they go back
17 to that treatment center.

18 Q. Now, did the Commission find an
19 example of this occurring in the State of New
20 Jersey?

21 A. Yes. At Kingsway Recovery Center in
22 Mullica Hill.

23 Q. Who owns Kingsway Recovery Center?

24 A. Nicholas DeSimone.

25 Q. And is Kingsway affiliated with any

1 other entities?

2 A. Yes, Graceway Sober Living.

3 Q. How are they affiliated?

4 A. Graceway is owned by Nicholas
5 DeSimone's wife, Michelle DeSimone. Kingsway and
6 Graceway share employees. All of the people that
7 reside at Graceway go to Kingsway. And you will see
8 that the insurance proceeds from Kingsway funnels
9 down to Graceway to fund its operations.

10 Q. And what was Kingsway doing to entice
11 their patients to attend their treatment center and
12 then to stay there?

13 A. Well, again, as, you know, our
14 investigation has seen, is that they provide the
15 food and the beverages and living accommodations at
16 their sober living homes at a nominal cost and
17 transportation. They also keep a list of clients
18 whose insurance is running out, and they overlap
19 services by cutting their individual and group
20 therapy session short.

21 Q. You said that Kingsway kept a list of
22 clients whose insurance was about to run out, why
23 was that done?

24 A. Well, a list was generated every week
25 that had the names of clients who's insurance was

1 running out. And as the time got closer,
2 utilization reviews, also known as concurrent
3 reviews, were prepared and submitted to the
4 insurance companies. As we heard from former
5 employees, the information contained in these
6 reviews downplayed a client's progress in order to
7 persuade the insurance companies to approve
8 additional time and, of course, additional insurance
9 payouts. And they were often successful in
10 persuading the insurance companies to approve the
11 additional time, and this kept the client at a
12 higher level of care when the client could have
13 progressed to a lower level of care.

14 Q. Investigator, you also stated that
15 Kingsway would downplay clients' progress, can you
16 explain this?

17 A. Yes, they downgraded the client's
18 progress, by indicating that their symptoms of
19 addiction were reoccurring, such as cravings. They
20 also said that they were not being responsive in
21 their group therapy sessions.

22 Q. You stated that Kingsway overlapped
23 services, how did that work?

24 A. Well, in addition to the therapy
25 sessions, they also offered case management services

1 and medical services. So if a client needed a case
2 management service, the case manager would come into
3 a therapy session, pull the client out, and then
4 help the client with what was needed, such as,
5 making outside doctor appointments or resume
6 building or job searches. The case manager would
7 then document the time of the services as having
8 occurred either before or after the therapy session.
9 And this was done so the insurance companies would
10 be billed for an independent service in addition to
11 the therapy session. This was also done if medical
12 services were needed and the client had to go see
13 the nurse.

14 Q. You said Kingsway provided food as an
15 enticement to patients, why is that important?

16 A. Well, again, as I've been saying
17 before, food was needed by many of the clients, they
18 needed a hot meal, and Kingsway used this as an
19 enticement to get the clients to choose Kingsway as
20 their treatment facility and also to keep them
21 there.

22 Q. Now, I want to talk to you about the
23 free or nominal cost of living, was this through
24 Kingsway's sober homes, Graceway?

25 A. Yes, it was.

1 Q. Now, how was Graceway set up?

2 A. Well, Graceway started out as a having
3 one sober living home and, currently, they have five
4 sober living homes and working on a sixth.

5 Q. Now, what services are provided
6 through Graceway?

7 A. As we saw with Kingsway, Graceway,
8 too, provided the food and they provided rent at the
9 nominal cost and provided transportation.

10 Q. Why was Graceway so important to
11 Kingsway?

12 A. Based upon our investigation, it
13 appears that Nicholas DeSimone's main motivation was
14 to make money from the insurance companies. And in
15 order for him to do that, Kingsway needed a steady
16 stream of clients. Graceway provided that for
17 Kingsway by offering the enticements we've been, you
18 know, talking about to persuade the clients to
19 choose as their facility even if it wasn't the best
20 place for them, and it, also, kept them there,
21 because, as I've said before, many of these clients
22 needed the necessities provided.

23 Q. Investigator Mercandetti, you stated
24 that Kingsway kept a running list of these patients
25 when their insurance was ready to expire, do we have

1 an example of someone that negatively impacted by
2 this practice?

3 A. Yes, we have one confidential source
4 who will discuss his or her experience at Kingsway,
5 specifically that the motivation to help the
6 confidential source ended when their insurance ran
7 out.

8 MS. CIALINO: All right. Now, we are
9 going to play a short clip from another Commission
10 source. Again, this voice has been augmented and
11 the name and face not revealed to protect the
12 identity of this individual who is in recovery.

13 (At this time, a prerecorded statement
14 of Treatment Center Client is played as follows:

15 "WITNESS: It seemed to me, as if like
16 the people who had better insurance were getting
17 favored a little more. Like you could go overnight,
18 and do this and do that and I wasn't getting that.
19 And I didn't really enjoy my time there because of
20 that. This girl had federal insurance. Her mom was
21 an attorney and worked for the government. Somehow
22 she had like great insurance. So she was like the
23 star pupil of that house. So, basically, yeah, just
24 like the more your insurance will pay the more they
25 like you.

1 "SCI COUNSEL LISA CIALINO: So did you
2 have to pay rent at Graceway then? Or did your
3 parents? I don't know if you would know.

4 "WITNESS: When you go in you signed a
5 thing saying you're gonna pay \$100 a week but when
6 you're going to their outpatient five days a week
7 they don't really bother you. It's when you start
8 to go to like one and two days and they see you're
9 kinda making a descent. Then they tell you "OK
10 we'll let you slide for the first month. Now you're
11 going to be a little behind if you can put a
12 little." But it's not... Like they mention it, but
13 they don't kick you out for not paying rent. If
14 your insurance is active.

15 "SCI COUNSEL LISA CIALINO: Right.")

16 FURTHER EXAMINATION

17 BY MS. CIALINO:

18 Q. Agent Guhl, we heard from a patient
19 who told us about their experience at Kingsway and
20 Graceway, in addition to the actual services that
21 Kingsway offered, did the Commission look into their
22 billing practices?

23 A. Yes, we did. We issued subpoenas to
24 various insurance companies utilized by Kingsway, my
25 review of records that were produced indicated some

1 rather glaring irregularities.

2 Q. What did the Commission find?

3 A. In order to understand, I have to
4 explain how medical billing is done.

5 There are two types of coding utilized
6 in medical billing, there is the current procedural
7 code, also known as CPT, that's a five digit numeric
8 code, and it identifies the type of services that
9 were provided to the patient. This code was
10 designed by the American Medical Association.

11 There's also something called the
12 Healthcare Common Procedural Coding System, also
13 known as HCPCS. This is an Alphanumeric code that
14 identifies, again, the type of services and products
15 that were used. This language was designed by the
16 federal government, CMS, the Centers For Medicaid
17 and Medicare, both systems are recognized nationally
18 and utilized across the board. It is the language
19 that medical billers speak.

20 Within the Healthcare community, there
21 is also something called bundled codes. Simply,
22 bundled code is a single item that includes the
23 numerous related services, it is a combined code.
24 When a treatment center unbundles the code and bills
25 for individual services on the same day that they

1 are also billing the bundled code, it's overbilling.

2 The analogy I use is that the bundled
3 code is an all-you-can-eat menu and the unbundled
4 code is ala carte.

5 Q. Now, I'm going to direct your
6 attention to AR-85S on the screen, what is this
7 showing?

8 A. This is copy of a portion of a bill
9 that was sent to an insurance company for services
10 provided to a patient of Kingsway on a given day.
11 In that example, the H0015 item represents one unit
12 of IOP, that's three hours of group therapy for one
13 day. The 80305 charges for presumptive drug
14 screening with direct visual observation, that's
15 your standard urine sample in a cup. And the 90834
16 is an individual psychotherapy session that lasts
17 45 minutes for an established patient in an
18 outpatient setting.

19 Q. So, to clarify, what you're indicating
20 occurred with this particular Kingsway Recovery
21 patient as shown in Exhibit AR-85S, was that
22 Kingsway first billed with the bundled code that
23 billed for all services for that client on that day,
24 and, then, separately billed for the same services
25 rendered which would be double billing?

1 A. Yes, that's correct.

2 Q. Now, if this billing was done
3 properly, using the example in AR-85S, how would it
4 be done?

5 A. In this example, the H0015 IOP is the
6 standard one unit of IOP, it's a bundled code and
7 it's billed appropriately. The drug screening and
8 the individual psychotherapy sessions are including
9 in the H0015 charge and are, therefore, duplicative.

10 Q. So the line items in red should not
11 have been billed as they are duplicates and
12 encompassed within that bundled code H0015?

13 A. Yes, that's correct.

14 Q. Now, in this example, did the
15 insurance company pay Kingsway for both the bundled
16 code and then the individual codes below it?

17 A. Yes, they did.

18 Q. How often did you see this occurring
19 in the SCI's review of Kingsway's billing records?

20 A. As a result of my review of these
21 records, it was done virtually every day on a daily
22 basis.

23 MS. CIALINO: Thank you, Agent Guhl.

24 FURTHER EXAMINATION

25 BY MS. CIALINO:

1 Q. Investigator Mercandetti, Agent Guhl
2 just discussed Kingsway's billing practices which
3 included double billing, how much money did Kingsway
4 receive from insurance companies?

5 A. Approximately, 15 million from 2019
6 through 2021.

7 Q. And, approximately, how many clients
8 did Kingsway have during this time period?

9 A. They had, approximately, 30 to 40
10 clients at any given time.

11 Q. Now, did you examine the bank records
12 of Kingsway and its owner Nicholas DeSimone?

13 A. Yes, I did.

14 Q. What about the bank records of
15 Graceway, Kingsway's sober homes, and their owner
16 Michelle DeSimone?

17 A. Yes, I did, as well.

18 Q. And what did you find?

19 A. Well, as a result of Kingsway's
20 questionable billing practices, Kingsway made
21 millions of dollars within a three-year period, and
22 these monies were funneled down from Kingsway's bank
23 account into the DeSimone's joint and personal bank
24 account. They were also funneled down to Graceway's
25 account, and they were used to fund their lavish

1 lifestyle and to grow their business operations.

2 Q. So in the 30 to 40 person outpatient
3 treatment facility, Kingsway was able to make
4 \$15 million from insurance companies in three years?

5 A. Yes, that's correct.

6 Q. Now, I'm going to direct your
7 attention to AR-85U on the screen. Let's first talk
8 about the money coming into Kingsway, how did it
9 work?

10 A. Well, if we take a look at the
11 exhibit, from 2019 through 2021, Kingsway took in,
12 approximately, 15 million in insurance proceeds from
13 medical claims submitted to various private health
14 insurance companies. As you can see, Horizon and
15 Aetna were the top two providers which comprised,
16 approximately, 10.7 million of the total 15 million.
17 And this is consistent with the information gathered
18 during this investigation that Nicholas DeSimone
19 liked to have clients that had Horizon and Aetna
20 health insurance because they paid out the most for
21 billable services.

22 Q. All right. Now, looking at the money
23 coming into Kingsway from the insurance companies,
24 did some of that money relate to questionable
25 billing practices that we discussed earlier?

1 A. Yes, it did.

2 Q. All right. Now, if I direct your
3 attention back to Exhibit AR-85U, what did you see
4 happening once the money came into Kingsway's bank
5 account?

6 A. If we take a look at the exhibit, we
7 see a significant amount of money was transferred
8 into the DeSimone's joint and personal accounts
9 which totalled a little over 4.2 million.
10 Additionally, 2.1 million was used to pay Capital
11 One credit card purchases. 1.25 million was
12 invested. 288,000 was spent on luxury vehicles and
13 jewelry. 88,000 was used to pay off their student
14 loans. And they made cash purchases of two
15 commercial properties totalling \$764,000.

16 Q. A majority of the money goes into the
17 individual and joint accounts of the DeSimones, did
18 you follow the money any further?

19 A. Yes, I continued to trace the flow of
20 funds.

21 Q. And what did you see?

22 A. Well, some of the transfers from
23 Kingsway's business account into their joint and
24 personal accounts were disguised as business loan
25 repayments.

1 Q. What is the significance of
2 identifying the transfer of money as a business loan
3 repayment?

4 A. Well, disguising the transfers as
5 business loan repayments has income tax
6 implications, such that the payments are considered
7 nontaxable income to Nicholas and Michelle DeSimone.

8 Q. Now, was there any evidence that these
9 transactions were actually business loan repayments?

10 A. No. There was no evidence in the bank
11 records to indicate that the DeSimones made loans to
12 Kingsway. We also subpoenaed Kingsway's business
13 records, which included any and all loans, and we
14 were told that none existed.

15 Q. Now, besides transferred money being
16 disguised as business loan repayments, did you see
17 anything else suspicious with the way the money was
18 transferred out of the Kingsway account into the
19 DeSimone's personal accounts?

20 A. Yes. Many of the transfers from
21 Kingsway's bank account into their accounts were
22 structured in the amounts of \$9,000.

23 Q. Now, what is structuring?

24 A. A structured transaction is a series
25 of related transactions that could have been

1 conducted as one transaction, but the person
2 intentionally broke it into several transactions for
3 the purpose of circumventing the federal reporting
4 requirement of under the Bank Secrecy Act such as
5 the filing of a Currency Transaction Report, also
6 known as a CTR.

7 Additionally, under federal law,
8 financial institutions are required to report
9 currency transactions over 10,000 as well as
10 multiple currency transactions that aggregate over
11 10,000 in a single day. CTRs must be filed with the
12 Financial Crimes Enforcement Network, also known as
13 FinCEN. CTRs are typically an integral part of the
14 banking's anti-money laundering responsibilities.

15 And, furthermore, deliberately evading
16 the 10,000 reporting threshold is prohibited under
17 law and it has strict penalties for the customers
18 and the bank. The IRS and other federal, state and
19 local authorities have access to CTRs. Because of
20 its usage, structuring is typically a red flag for
21 money laundering or income tax evasion.

22 Q. Now, I want to direct your attention
23 to exhibit AR-85V on the screen, specifically
24 relating to Kingsway's accounts, can you explain how
25 the structuring occurred?

1 A. Well, as shown in the exhibit, many of
2 the transfers from Kingsway's account into their
3 bank accounts were structured in amounts of 9,000,
4 just under the 10,000 reporting threshold, or the
5 transfers aggregated to over 10,000 in a single day.
6 And if you will notice, the transfers happened on
7 the same consecutive and near consecutive days where
8 many of them could have been conducted as one
9 transaction. Although, the transactions were
10 transfers between Kingsway's account and their
11 personal accounts, the banking pattern is suspicious
12 in nature such that it appears they were trying to
13 circumvent the CTR filing requirement that they
14 believed they were subject to.

15 Q. Now, in addition to structuring, were
16 there any other types of transactions that caught
17 your attention?

18 A. Yes, there were.

19 Q. Now, I want to direct your attention
20 to exhibit AR-85W on the screen, what is this
21 showing?

22 A. Well, this exhibit shows that many of
23 the transfers were also conducted in large round
24 dollar amounts, and if you notice on the same
25 consecutive and near consecutive days, and this

1 banking activity is also suspicious in nature. Many
2 of these transfers could have happened on the same
3 day. It appears that as soon as the insurance
4 monies came into the bank accounts, it went out and
5 was transferred into their joint and personal
6 accounts, and these funds were used to, again, fund
7 their lavish lifestyle and to continue their
8 business operations.

9 Q. Now, earlier you discussed that the
10 majority of the money that came out of Kingsway's
11 bank account from the insurance proceeds went into
12 the DeSimone's various accounts, one in the name of
13 Nicholas DeSimone, one in the name of Michelle
14 DeSimone, and a joint account.

15 Now, let's take a closer look at the
16 joint account first. If you could look at what has
17 been marked as exhibit AR-85X on the screen, what
18 did you see here.

19 A. If we take a look at this exhibit from
20 2019 through 2021, Kingsway transfers 1.6 million
21 into their joint account. They then transfer
22 410,000 into Nicholas DeSimone's personal account
23 and 1.8 million gets transferred into Michelle
24 DeSimone's personal account. They also use the
25 money to make cash purchases of four vehicles

1 totalling 89,000 and they made cash purchases of
2 their former primary residence for \$342,000 and
3 their first sober living home at \$232,000.

4 CHAIR WILLIAMS BREWER: I have a
5 question before we move too far from the
6 structuring. Did any of the -- first of all, where
7 were the banks that the DeSimones banked at? Were
8 they New Jersey.

9 MS. MERCANDETTI: They were.

10 CHAIR WILLIAMS BREWER: Were they
11 federally insured banks.

12 MS. MERCANDETTI: Yes, they were.

13 CHAIR WILLIAMS BREWER: Did they
14 report -- did your investigation reveal that they
15 reported what you had found to be suspicious
16 activity, as they are trained in as well, had they
17 reported to any federal authorities themselves?

18 MS. CIALINO: If I could just jump in,
19 in terms of the answer to that question, I don't
20 think that's something that we can answer, you know,
21 at this time. We can discuss it after.

22 CHAIR WILLIAMS BREWER: Okay. Sounds
23 good.

24 BY MS. CIALINO:

25 Q. Now, I want to take a closer look at

1 Nicholas DeSimone's personal account. If I can
2 direct your attention to what has been marked as
3 exhibit AR-85Y, what did you see here from
4 Kingsway's insurance proceeds?

5 A. If we take a look at this exhibit,
6 from 2019 through 2021 we see that Kingsway
7 transfers 2.6 million into Nicholas DeSimone's
8 personal account. He then transfers 1.2 million
9 into their joint account and then 116,000 into
10 Michelle DeSimone's personal account. These
11 transfers are considered circular in nature.

12 The money was also used to make
13 investments as well as cash purchases of their
14 current residence at \$883,000, and four sober living
15 homes totalling \$970,000.

16 Q. All right. Now, Investigator, you
17 stated that some of the transfers were circular in
18 nature, what do you mean by that?

19 A. Well, the transfers are circular in
20 nature such that the money flows from Kingsway and
21 back and forth between these accounts. This makes
22 it difficult to identify the originating source of
23 funds which are the insurance proceeds that were
24 earned by Kingsway.

25 Q. Next, if we can take a look at the

1 third account that received the most money from
2 Kingsway's insurance proceeds, Michelle DeSimone's
3 account. If I can direct your attention to what has
4 been marked as exhibit AR-85Z on the screen, what
5 did you see here?

6 A. Again, if we take a look at the
7 exhibit, Kingsway transfers \$15,000 to Michelle
8 DeSimone's personal account from the period of 2019
9 through 2021. However, as I previously discussed,
10 approximately, 1.9 million was transferred into her
11 account from their joint accounts and Nicholas
12 DeSimone's personal account. She then transfers
13 1.5 million into Graceway's bank account.

14 Q. Now, you said that, approximately,
15 1.5 million went from Michelle DeSimone's account
16 into Graceway's sober living account which funded
17 Kingsway's sober living homes. Where did most of
18 that money originate from?

19 A. The majority of the money comes from
20 Kingsway's insurance proceeds which were gained, in
21 part, by the questionable billing practices. This
22 is difficult to see, because the money is funneled
23 down from the joint account and Nicholas DeSimone's
24 personal account. The money is then used to fund
25 Graceway's operations since Graceway took in little

1 to no rent from the residents.

2 Q. Can sober living homes bill insurance
3 companies for the stay of their clients?

4 A. No, they cannot. And this is why
5 Graceway is so important to Kingsway and why
6 Kingsway funds Graceway. Graceway provides the
7 necessities needed by these clients, and it helps to
8 persuade these clients to choose Kingsway as their
9 treatment center, and, as I've been saying before,
10 it also helps to keep the clients there.

11 Q. Investigator Mercandetti, based on all
12 your years of experience, looking at all these
13 financial transactions, what do you believe is the
14 significance of all the transfers between accounts
15 and the structuring of transaction?

16 A. Well, in discussing their banking
17 activity today, and the flow of funds, we see how
18 convoluted the banking transactions were between
19 Kingsway and their personal bank accounts. Many of
20 the transfers were structured in amounts of 9,000,
21 just under the 10,000 CTR reporting requirement.
22 There was a rapid movement of funds such that as
23 soon as insurance money comes into the bank
24 accounts, it flows out. And they also disguised
25 payments as business loan reimbursements when, in

1 fact, there were no business loans. And these type
2 of banking activities are red flags of money
3 laundering and income tax invasion.

4 Additionally, these ill-gotten gains
5 helped the DeSimones purchase their former and
6 current residences, two commercial properties, and
7 five sober living homes. It also allowed them to
8 make investments, to buy luxury goods, and to make
9 significant payments of credit card purchases. And,
10 in fact, as a result of our investigation, we have
11 referred Kingsway and the DeSimone's actions to
12 prosecuting agencies for potential money laundering,
13 Healthcare fraud, and income tax evasion.

14 MS. CIALINO: At this time, the
15 Commission would like to call Nicholas DeSimone.

16 Commissioners, the next witness
17 scheduled to appear, as I just stated, is Nicholas
18 DeSimone who is expected to be called to answer our
19 questions as a result of the finding that you just
20 heard from our investigation. He does not appear to
21 be present today, despite being subpoenaed to appear
22 in front of you.

23 On September 13, 2022, Nicholas
24 DeSimone was served a subpoena to testify before you
25 today in this public hearing. On Friday, October 7,

1 2022, one business day before this hearing, Nicholas
2 DeSimone filed a motion to quash this public hearing
3 subpoena. We, as an agency, will take all measures
4 legally and statutorily available to us to secure
5 his presence before you, including, but not limited
6 to, the filing of a motion for contempt.

7 COMMISSIONER BURZICHELLI: Can I ask
8 you a question?

9 MS. CIALINO: Yes.

10 COMMISSIONER BURZICHELLI: Was there
11 any ruling from the court in regards to the
12 subpoena? Is there any stay in place against us and
13 our subpoena for him to appear today?

14 MS. CIALINO: No. There is no stay
15 and no order from the court.

16 COMMISSIONER BURZICHELLI: Thank you.
17 May I ask a question of the panel?

18 MS. CIALINO: Yes.

19 COMMISSIONER BURZICHELLI: Very
20 compelling testimony from you both. Thank you. It
21 was clear, concise, and sort of lays out a very
22 convoluted situation.

23 In terms of going back to the billing,
24 you saw a billing for psychotherapist. Is there a
25 licensed psychotherapist employed by Kingsway?

1 MS. GUHL: Yes. He's not a direct
2 employee. They have an individual who is a
3 psychiatrist, but he is an independent contractor.

4 COMMISSIONER BURZICHELLI: On the
5 Capital One card, is that a business card or is that
6 an individual card?

7 MS. MERCANDETTI: Business card,
8 Kingsway business card.

9 COMMISSIONER BURZICHELLI: In terms of
10 those expenses flowing down to the individuals, were
11 you able to get -- was there any -- was there a
12 mixing of private purchases and business purchases?

13 MS. MERCANDETTI: Yes. I was going to
14 get to that. You're absolutely correct,
15 Commissioner, there were business expenses that were
16 being paid by Kingsway. You know, there was for
17 their utilities and for their payroll and for their,
18 you know, maintaining their electronic medical
19 records system.

20 You know, the key takeaway here is,
21 yes, there was also personal expenses, but the key
22 takeaway here is that they, through their
23 questionable billing practices, were able to buy
24 items, as I've mentioned, over and above what they
25 would have been able to do had they, you know,

1 played by the rules.

2 COMMISSIONER BURZICHELLI: The lab,
3 you talked about there is a charge for the lab, is
4 that an independent lab? Or do they have a lab on
5 premises?

6 MS. GUHL: They utilized an
7 independent laboratory.

8 COMMISSIONER BURZICHELLI: Thank you.
9 And earlier there was a mention about
10 a urine sample that had been tampered with for
11 purposes of keeping a person in rehab, was that
12 related to this facility or was that someplace else?

13 MS. GUHL: This was at Kingsway.

14 COMMISSIONER BURZICHELLI: How did you
15 come by that information?

16 MS. GUHL: By the former employee who
17 was instructed to do that.

18 COMMISSIONER BURZICHELLI: And did
19 that employee indicate who instructed him or her to
20 do it?

21 MS. GUHL: It was some -- if it was
22 not the owner, it was someone in the executive
23 management.

24 COMMISSIONER BURZICHELLI: Thank you
25 very much.

1 CHAIR WILLIAMS BREWER: Any other
2 Commissioner questions?

3 COMMISSIONER REINA: I want to thank
4 you both for the in-depth analysis.

5 Ms. Mercandetti, in the \$15 million
6 that you were able to determine that came into
7 Kingsway, did your investigation also -- were you
8 also through your investigation able to find out how
9 much of that was due to double billing? Do you have
10 that number?

11 MS. MERCANDETTI: I don't currently
12 have that number. We are continuing to, you know,
13 move forward in the investigation.

14 COMMISSIONER REINA: Are either one of
15 you able to speak to the actual treatment that was
16 given to some of the patients at Kingsway? Most of
17 this is financial impropriety, and it's excellent
18 information to have, but in the course of your
19 investigation, were either one of you able to speak
20 to patients who actually got treatment at Kingsway?
21 Did you have any opinion on that from those
22 interviews, perhaps?

23 MS. MERCANDETTI: Well, we have heard
24 from former employees who have worked there that
25 they were cutting therapy sessions short. They

1 would come in, and, you know, a 45-minute therapy
2 session, could have been cut down to 15 minutes or
3 the group therapy sessions, which were supposed to
4 be three hours, they were required to, you know, end
5 them prior to that time. We have had former
6 employees mention that, you know, they were
7 instructed by Michelle DeSimone or Nicholas DeSimone
8 to, actually, go -- if they were going over the
9 time, to go over to the therapist door, and to knock
10 on the door and say, you know, you have to cut this
11 out.

12 Just like I was saying about
13 overlapping of services, they are in a therapy
14 session, and if they needed help with the resume
15 billing or making outside appointments, they were
16 pulled out of their therapy session. So the
17 treatment, again, it was all about the insurance
18 money and not the care, the complete care, of the
19 clients at Kingsway.

20 COMMISSIONER REINA: What were the
21 DeSimones' background to enable them to open up
22 these kinds of centers? Did they themselves have a
23 history in this? Or, perhaps, they were in recovery
24 themselves? Do you know anything about that?

25 MS. MERCANDETTI: Yes. I took a look

1 at their backgrounds, and, actually, Nicholas
2 DeSimone has had -- worked predominantly in the
3 mortgage industry. His wife, Michelle DeSimone, is
4 a Licensed Practical Nurse, or an LPN, and some of
5 the duties of an LPN is to provide basic patient
6 care measuring and recording vital signs, taking
7 patient histories, and assisting with tests and
8 procedures, and, to date, we have not come across
9 any information that suggests that she had any
10 experience in sober living homes, in running sober
11 living homes.

12 COMMISSIONER BURZICHELLI: You know,
13 when you look at the sober living home situation,
14 from a thousand feet above, you're like, oh, they
15 are giving a nice gift back to these people by since
16 these insurance companies don't pay for it, we're
17 gifting some of the money that we've made into this
18 to provide them with housing, food, transportation,
19 we're helping them get better, but, in fact, we are
20 saying something different, aren't we?

21 MS. MERCANDETTI: You're 100 percent
22 correct, Commissioner. We have to keep in mind that
23 all of the food, little to no rent, and
24 transportation back and forth, that was a way that
25 they could pull the clients in to get them to choose

1 Kingsway, because, again, a lot of these clients
2 needed those necessities, and it all circles back to
3 getting as much insurance monies as possible, right?
4 And how do they do that? How does Kingsway get the
5 clients? I mean, there is several ways, but one of
6 the big ways is to have the clients from the sober
7 living homes, and, as you can see, started out with
8 one, and it grew to six, is to get those residents
9 to become clients at Kingsway, and then they can
10 just continue to bill for services. And, as we have
11 seen today, there are, you know, overbilling and
12 billing for services never rendered, and doing such
13 things which that's why they made 15 million within
14 a three-year period. I mean, most businesses, when
15 they first start out, they are not profitable. I
16 mean, this is right out of the gate they are making
17 a lot of money.

18 MS. GUHL: If I may, it also
19 underscores a knowing decision that the owners made
20 to not take Medicaid patients. There is no money in
21 Medicaid.

22 COMMISSIONER BURZICHELLI: And there's
23 a lot more oversight in Medicaid, isn't that true
24 also?

25 MS. GUHL: I believe so.

1 COMMISSIONER BURZICHELLI: In terms of
2 the quality of care, I think my fellow Commissioner
3 talked about, what type of -- you mentioned there
4 was a psychotherapist there, and independent
5 contractor, but on a day-to-day basis, who's
6 conducting these therapy sessions? Are they
7 licensed clinicians? Are they former
8 rehabilitation --

9 MS. GUHL: There are -- there are
10 licensed clinicians there.

11 COMMISSIONER BURZICHELLI: So they are
12 providing some services?

13 MS. GUHL: And I would imagine that,
14 you know, people -- there is oversight that way,
15 there are people with the requisite clinical
16 training there.

17 COMMISSIONER BURZICHELLI: Was there
18 much overturning in that staff over there? Were
19 there people leaving?

20 MS. MERCANDETTI: Yes.

21 COMMISSIONER BURZICHELLI: Do we have
22 a sense of why they were leaving?

23 MS. MERCANDETTI: They did not buy in
24 what was happening at Kingsway. They felt -- again,
25 we've heard from several former employees that, you

1 know, the main motivation was to make money, bill,
2 bill, bill, bill, as much as you possibly can, and
3 it was at the expense of the client's treatment.

4 COMMISSIONER BURZICHELLI: And were
5 some of those employees former recovery people who
6 are familiar with recovery and what it takes, they
7 were firsthand witness to the type of level of care
8 that they felt was insufficient.

9 MS. GUHL: Yes. Yes.

10 CHAIR WILLIAMS BREWER: I'm just
11 curious whether Michelle DeSimone was involved in
12 any provision of clinical services being she was an
13 LPN? Or was she just an owner?

14 MS. MERCANDETTI: Not from what we
15 have uncovered to date with respect to the
16 investigation. Her main role was Graceway, sober
17 living homes, that was, basically, where she played
18 a part. Of course, it was connected with her
19 husband and Kingsway because they got those
20 residents to become clients.

21 COMMISSIONER BURZICHELLI: Do we have
22 any sense of what type of environment was going on
23 in the sober living homes, were they truly sober, or
24 was there no oversight going on in those facilities?
25 This may not be your panel, I apologize, you're the

1 numbers people. I should have asked that two panels
2 ago, maybe, I don't know.

3 MS. GUHL: We are still -- the
4 component of sober homes is still being
5 investigated.

6 COMMISSIONER BURZICHELLI: Thank you.

7 MS. CIALINO: It will be in our final
8 report.

9 COMMISSIONER BURZICHELLI: Thank you,
10 counsel.

11 CHAIR WILLIAMS BREWER: Any other
12 questions?

13 MS. CIALINO: I do have some more
14 questions. But before we go forward with those last
15 few questions for the witnesses here, just before
16 with regards to the banking question that you had
17 asked about when we were talking about structuring
18 and what was being reported, just to clarify and go
19 back, the reason I jumped in there was because we
20 and the agents are bound by certain confidentiality
21 provisions, so I didn't want them to answer
22 something that would violate that confidentiality
23 provision through FinCEN.

24 CHAIR WILLIAMS BREWER: Okay. And
25 thanks for letting the public know that as well.

1 And for the public that is also
2 watching, what you are seeing is our public hearing
3 and our investigation is continuing to be ongoing as
4 well, and we conduct these public hearings, but we
5 also have a final report that we issue, as well,
6 and, certainly, the questions today of the
7 Commissioners, any other input that we receive, is
8 something that we certainly take into account. And
9 right up to the very moment of issuing our report,
10 we want to make sure that we are being accurate.
11 And in that context, there are various aspects of
12 confidentiality, both under federal, local, and
13 state law that we do honor in this process even in a
14 public proceeding.

15 Any other questions for this panel?

16 MS. CIALINO: Yes, just a few more.

17 FURTHER EXAMINATION

18 BY MS. CIALINO:

19 Q. And Investigator Mercandetti, did the
20 Commission look into the finances of any other
21 outpatient addiction treatment centers in New
22 Jersey?

23 A. Yes.

24 Q. And did the Commission find the same
25 type of issues that you just described with Kingsway

1 with other outpatient treatment centers?

2 A. Well, not exactly, but the Commission
3 did find another outpatient facility known as the
4 Sanctuary in Cherry Hill that used the insurance
5 proceeds simply for their own gain.

6 Q. All right. And how did they do that?
7 How did they use them for their own gain?

8 A. Well, the Sanctuary Treatment Center
9 brought in approximately 6 million within an
10 18-month period, and they spent it on food,
11 clothing, car payments, personal vacations and
12 entertainment, other home expenses, and ATM cash
13 withdrawals.

14 Q. Now, what, ultimately, ended up
15 happening to the Sanctuary?

16 A. Well, the owners drained the treatment
17 center bank accounts of all monies leaving it unable
18 to pay business operating expenses and employees
19 salaries, thereby shutting it down. This left
20 numerous employees, many who were in recovery
21 themselves, along with the patients, with no job or
22 treatment center.

23 Q. Now, Investigator, based on your
24 review of the finances of Kingsway and the
25 Sanctuary, were there any common findings by the

1 SCI?

2 A. Yes, we found that through the
3 insurance proceeds, these outpatient treatment
4 centers can be very profitable. And, as you heard
5 at Kingsway and Sanctuary, profits were the main
6 motivation and were put above the care of the
7 clients. And, unfortunately, the people needing the
8 care the most, were the ones that were exploited by
9 being used as commodities to build the wealth of the
10 owners.

11 MS. CIALINO: All right. Thank you
12 agents.

13 Commissioners, any additional
14 questions based on that?

15 COMMISSIONER BURZICHELLI: No,
16 Counsel.

17 I would just urge our legal staff to
18 take all appropriate action to make sure that our
19 subpoenas are honored. The SCI has a long tradition
20 of using its statutory powers to execute its
21 statutory authority to investigate areas that
22 legislature has deemed appropriate for us and, in
23 this case, it's very appropriate for us. The
24 Supreme Court of the United States, long ago, acted
25 on the issue involving subpoena and a mobster from

1 Philadelphia and found it was within the State
2 Commission of Investigation's power to compel
3 witnesses. So I would urge you guys, ladies to do
4 everything appropriate to bring these people before
5 us and answer our questions.

6 CHAIR WILLIAMS BREWER: I also want to
7 thank the panel that's been here today for your
8 professionalism and clarity in which you are drawing
9 our eye and attention to this issue and,
10 particularly, that it is not just a concern that any
11 business is profitable in New Jersey, but you're
12 pointing out the profitability on the backs of
13 vulnerability of those that should be served.

14 To my fellow Commissioner's point,
15 Director Lackey, we will technically remain in
16 session for this public hearing so that we can
17 pursue our ability to have the missing witness here,
18 correct?

19 MR. LACKEY: Absolutely. Chair and
20 Commissioners, you have our, as staff, our
21 commitment to enforce the statutory authority of the
22 SCI. We are proud of who we are, we are proud of
23 the power that we have, and we intend to use every
24 lawful avenue to move forward to bring that witness
25 that failed to appear today before you.

1 CHAIR WILLIAMS BREWER: Thank you.
2 Anything else, Counsel?

3 MS. CIALINO: No. I'd just turn it
4 over to Executive Director Lackey.

5 MR. LACKEY: Sure. Chair, I think you
6 wanted to, because of the technical difficulties we
7 had earlier, the folks online could not hear
8 Confidential Informant 628, I think it is.

9 Chair, would you be inclined to have
10 that witness recalled before you, so that the folks
11 online could hear that testimony.

12 CHAIR WILLIAMS BREWER: Absolutely. I
13 think that was an important piece of testimony
14 today, so those of you live, you've heard it
15 already, but for those that are live streaming, we
16 are going to play it again for you right now.

17 (At this time, a video of a
18 prerecorded statement of Treatment Center Client is
19 played as follows:

20 "EXAMINATION BY MS. CIALINO:

21 Q. How long have you worked in the
22 addiction treatment industry?

23 A. I have worked in the addiction
24 treatment industry for probably over 15 years.

25 Q. Now, what type of places have you

1 worked at within the addiction treatment industry?

2 A. I've worked in detoxes, I've
3 worked in inpatient programs, I've worked in PHP
4 programs, I've worked in IOPS and outpatients, and
5 also, non-profits. And also, a few treatment
6 centers, also.

7 Q. Now, in terms of your experience,
8 have you worked in the addiction treatment industry
9 in New Jersey?

10 A. Yes.

11 Q. And what types of jobs have you
12 held at these addiction treatment centers?

13 A. Many jobs. Transportation,
14 clinician, interventionist, director of
15 interventions, director of marketing, owner. I've
16 done just about every job there is to do in the
17 addiction industry.

18 Q. What about non-profits? You
19 mentioned them, too. What type of jobs have you
20 held at non-profits?

21 A. I volunteered at many
22 non-profits, as a transport, interventions,
23 fundraising. Multiple titles.

24 Q. Now, are you familiar with
25 patient brokering or body brokering?

1 A. Yes.

2 Q. Have you seen patient
3 brokering occur in the addiction treatment industry?

4 A. Yes.

5 Q. In what forms?

6 A. In many forms.

7 You have a salary that you're getting
8 and there is a commitment that you will get in three
9 to four patients each month, and that will cover
10 your salary.

11 Anything above that, you can be paid
12 anywhere from 1,000 to \$2,000 per client, as long
13 as -- most treatment centers, as long as they stay
14 for two weeks. You have to make sure that they stay
15 for a little while in order for us to pay for it.

16 Q. What other forms of patient
17 brokering have you seen in the industry?

18 A. Let's say I own a detox, or
19 I'm the director of a detox, and I'm a standalone
20 detox, meaning we just detox people and that's it.
21 Now, if someone sends me a patient, or a client, to
22 be detoxed, they want that client coming back to
23 their treatment center. It's very important.

24 Q. Now, in -- in terms of owing a
25 client back, you know, how does that work?

1 A. If I'm sending 12, 15 detox
2 patients to a standalone detox, I expect 12 to 15
3 patients coming back to my treatment center. And if
4 they're not, we're going to have a problem. Okay?
5 I sent you ten this month, you got me back seven.
6 You owe me three patients, three clients. That's
7 what you owe me. Three. And you better get them to
8 me as soon as possible or I'm not sending you any
9 more people. I've been in many of these meetings.

10 The addict and the alcoholic, you
11 know, becomes a commodity. It's a trade. And a lot
12 of times, whether they're appropriate for that level
13 of care or that treatment center doesn't matter.
14 You're sending them. And there are places that do
15 not do that. But there's more than -- than there
16 are not.

17 Q. Now, the people we're talking
18 about here getting, you know, traded or brokered,
19 are they typically people with private insurance
20 plans or are they typically no insurance or Medicaid
21 type people?

22 A. Yeah, no one's swapping for
23 Medicaid clients. It's sad to say, but, you know,
24 in the State of New Jersey, the reimbursement rates
25 for Medicaid and Medicare are well below what you

1 would
2 get for a -- specifically an out-of-network policy.
3 Out-of-network pays the most.

4 Q. Now, when you're talking
5 out-of-network private insurance, how much can a
6 treatment center bring in from those treatment
7 centers per patient?

8 A. The numbers vary with each
9 different insurance company. Could be \$800 a day,
10 could be \$1,800 a day.

11 Q. And when we're talking, you know,
12 those -- those numbers, 800, \$1,800 a day,
13 approximately, obviously, how many days typically
14 can these treatment centers bill the insurance for
15 at that rate?

16 Well, let's say on average you
17 got -- let's just say 20. Okay. And you're getting
18 800 a day.

19 Do you have a calculator? That's a
20 lot. That's a lot of money per month.

21 Q. Going back to patient brokering,
22 in terms of non-profits, have you seen patient
23 brokering occurring in a -- in relation to
24 non-profits?

25 A. Yes. There are certain

1 non-profits in many states, including New Jersey,
2 who the people that volunteer at those non-profits
3 don't get paid anything.

4 But there's also non-profits in other
5 states and in the State of New Jersey where people
6 who work there are paid salaries and have benefits.

7 So these non-profits need -- need to
8 generate donations.

9 Certain non-profits will accept
10 donations from treatment centers. I approached this
11 nonprofit, You've been sending us a lot of clients,
12 we're very grateful, we're going to make a donation
13 of \$10,000 a month to you. Keep the clients coming.
14 Or maybe you'll let us open up a little outpatient
15 program in your building. Keep the clients coming.

16 Q. Now, are any of these agreements,
17 you know, in your experience, we're talking, hey,
18 there's -- you know, we'll give you a donation, keep
19 the referrals coming, is that ever put in writing?

20 A. No.

21 Q. How is it conveyed?

22 A. Verbal.

23 Q. And based on what you've seen, if
24 the referrals stop, do the donations stop?

25 A. They can. They definitely can.

1 I've been in many meetings, You only sent me five
2 clients this month; we're giving you \$10,000 a month
3 to help you keep this place open; we're one of the
4 reasons why you're doing well; we need more clients.

5 And then behind closed doors, it's
6 like, We got to get these people some -- we've got
7 to get them some addicts, we've got to get -- got to
8 get them some referrals. Okay. We can't lose this
9 \$10,000 a month. This is really important, we need
10 to keep this place open.

11 Q. Now, how can patient brokering
12 affect a person who's trying to get clean and sober?

13 A. I think it -- it has -- in the --
14 the whole system of getting a client to a treatment
15 center using marketers or outreach specialists or
16 community liaison, whatever bullshit name they give
17 it, your job is to get clients. As many as you can.
18 And not only can it harm the client, because the
19 client can be sent somewhere that they shouldn't go.
20 We have a client with an under -- underlying
21 psychiatric issue that was diagnosed at a young age
22 going to an addiction treatment center that doesn't
23 belong there. Let them figure it out. I've been in
24 that -- those --

25 This is the only industry where you

1 can go from, mop floors, nothing wrong with that,
2 now I'm --one year later, I'm the director of
3 marketing of a treatment center that -- that has a
4 hundred patients, and I've only been working here
5 for -- for a year. I've only worked in the industry
6 for a year, now I'm making \$150,000 a year and I
7 haven't directed shit. Ever.

8 And these people are not licensed.
9 They have no clinical training whatsoever. They
10 have no ethical training whatsoever. They're only
11 as good as the person who's training them, and that
12 person is most likely, 90 percent of the time, the
13 guy who went from janitor to chief marketing officer
14 in a freaking year. Like, what?

15 You know, get them in, let's figure it
16 out, if we need to -- need to send them somewhere
17 else, we will. That's the philosophy of those
18 places.

19 Q. And those, again, are people with
20 private insurance plans, correct?

21 A. Yes. Yes. No one is fighting
22 over Medicare -- Medicaid clients, sorry to say.

23 Q. Now, what about when we're
24 talking about, you know, non-profits making
25 referrals specifically, or recovery coaches making

1 referrals, people who aren't affiliated with a
2 specific treatment center, are they qualified to
3 make referrals?

4 A. I don't believe so.

5 Q. Why not?

6 A. Just because I -- you know, I
7 don't think those people should be referring anyone
8 anywhere. I think what they should be doing is
9 getting the information and passing it along to the
10 appropriate clinician, not calling a treatment
11 center and saying, Hey, I got somebody for you,
12 'cause the treatment center, first thing they think
13 is cha-ching.

14 Q. And then, you know, based on your
15 experience, if -- if that person does have these
16 psychiatric issues that maybe the treatment center
17 isn't -- isn't set up to treat, yet that patient has
18 a good private insurance policy?

19 A. If someone has a primary
20 psychiatric issue, most of the treatment centers
21 that I worked at, they would say we can -- we can
22 treat this.

23 Q. And could they?

24 A. No. You need to refer that --
25 that person out to a place that -- that is

1 psychiatric primary. That's what they do. And the
2 addiction being secondary.

3 Q. Or is that what they do or is
4 that what should be done?

5 A. I'm sure there's places that do
6 it, but I've never seen any. But that's what should
7 be done.")

8 MS. CIALINO: All right. Now, at this
9 time, I'd like to move the presentation slide show
10 marked AR-85 into evidence, and turn this back over
11 to Director Lackey.

12 MR. LACKEY: Chair, did you have some
13 comments to close?

14 CHAIR WILLIAMS BREWER: I'll close
15 after you. Thanks.

16 MR. LACKEY: I just wanted to say
17 thank you. Thank you to the Chair and Commission
18 and counsel.

19 Public hearings and displaying our
20 evidence in public is never easy, but this staff
21 worked diligently to be able to put this together
22 for the public and for you Commissioners, so on
23 behalf of myself and senior leadership of the
24 organization, we just want to say thanks. Great
25 job. Thank you so much for your hard work.

1 To the public, what I would say is, we
2 are not done here. Our investigation continues. We
3 have more things to do. And, in particular, we are
4 statutorily required to write a public report, which
5 we will, and we've talked about some of the things
6 that we will include.

7 So, as we come to a close, I just
8 wanted to give a special thanks to Counsel Cialino,
9 and her team, for their hard work and diligence, and
10 thanks so much for making this organization look
11 great today. We appreciate it.

12 MS. CIALINO: Thank you.

13 MR. LACKEY: Chair?

14 CHAIR WILLIAMS BREWER: Thank you.

15 And on behalf of the Commissioners
16 that are here, we also wanted to thank all of you
17 that came out today, those that are streaming with
18 us live. Thank you for paying attention to this
19 important matter. And most important for us, as
20 well, we want to reiterate Director Lackey's
21 appreciation of our staff, and I'll start with our
22 executive director, Chadd Lackey, thank you for your
23 leadership. Thank you for upholding the banner of
24 excellence that SCI has been known for for 50 years.
25 I also want to thank our Chief Counsel Galietta,

1 thank you very much. Counsel Cialino, we want to
2 thank you, as well, for leading everything today and
3 for your team and the important work that you have
4 been doing in order to bring this issue to the light
5 that it deserves in the State of New Jersey. So
6 thank you for your impact and your leadership on
7 behalf of my two Commissioners and myself.

8 We do receive all of those exhibits
9 into evidence. We are adjourned for now. We will
10 continue this matter to hear from the witness that
11 we have subpoenaed in the future.

12 Thank you all. And as a point of
13 personal privilege it's my first hearing I presided
14 over since I've been appointed chair earlier this
15 year, and thank you all for making it a very
16 seamless process. To our witnesses, as well, thank
17 you.

18 We are adjourned.

19 (At which time, the proceeding
20 concluded at 1:10 p.m.)

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C E R T I F I C A T E

I, Tracey L. Pinsky, a Certified Court Reporter and Notary Public of the State of New Jersey, do hereby certify that prior to the commencement of the examination, the witness and/or witnesses were sworn by me to testify to the truth and nothing but the truth.

I do further certify that the foregoing is a true and accurate computer-aided transcript of the testimony as taken stenographically by and before me at the time, place and on the date hereinbefore set forth.

I do further certify that I am neither of counsel nor attorney for any party in this action and that I am not interested in the event nor outcome of this litigation.

Tracey L. Pinsky

Certified Court Reporter
XI00219700
Notary Public of New Jersey
My commission expires 12-9-26



A			
A.M 1:9	109:5,23	117:17	addicts 43:16
AA 16:8,14,16	110:18,21	actual 59:19	85:21 139:7
ability 132:17	112:2,10	103:20	addition 29:23
able 12:8 19:4	113:11,14,16	122:15	30:12 35:1
20:7,20 22:4	113:21,22,24	actuality 52:1	36:9 46:4
50:4 53:16	115:1,8,9,10	add 63:18	71:15 72:17
62:17 76:25	116:1,3,8,11	addict 13:5	99:24 100:10
108:3 120:11	116:12,13,15	82:24 136:10	103:20
120:23,25	116:16,23,24	addicted 6:9	112:15
122:6,8,15	129:8	61:21	additional
122:19	accountant	addiction 1:4	38:3 66:12
142:21	26:20 27:17	4:3 5:23 6:1	67:17 76:16
ably 8:24	28:3 92:6,9	6:7,13,21	77:7 88:23
absolutely	accounting	7:3,9,17	88:25 96:12
17:12 18:5	26:23 28:7	8:12,16 9:3	99:8,8,11
19:14 22:2,2	accounts 40:6	9:8,12 10:2	131:13
120:14	40:15 109:8	10:5,8,13,21	Additionally
132:19	109:17,24	11:2 23:9,10	40:13 95:6
133:12	110:19,21	29:24,25	97:13 109:10
abundance 5:13	111:24 112:3	30:1,24 31:7	111:7 118:4
abuse 5:24	112:11 113:4	31:12,19,24	adequately
29:6 45:11	113:6,12	33:1,12,16	30:22 56:5
45:18 93:2	115:21	33:17,19,20	adjourned
accept 31:9	116:11	33:24 36:11	144:9,18
36:15 37:14	117:14,19,24	37:10 43:23	administra...
74:14 84:23	130:17	43:25 46:1	68:15,17
94:9,11,12	accrue 93:18	47:17 55:22	admit 63:23
94:13,18	accurate	56:21 65:2,6	advance 78:3
138:9	129:10 145:9	65:8,10	advantage
accepted 37:16	Act 27:11	66:16 67:15	21:11 97:1
68:23	36:13 111:4	70:11 74:11	advertised
accepting	acted 68:11	80:11,12,15	8:15
34:21	131:24	80:22 81:1,6	advertising
accepts 52:8	action 131:18	81:17 86:11	51:14
74:15 75:3	145:14	88:16 94:14	advocacy 24:2
76:1	actions 118:11	95:10 96:1	24:6
access 66:4,9	active 103:14	96:21 99:19	advocate 24:1
67:8,12,20	activities	129:21	76:12
67:20 77:5	46:3 79:1,3	133:22,23	Advocates
111:19	79:3,8,9,10	134:1,8,12	47:22,25
accommodat...	79:14,19	134:17 135:3	48:2,5,8,9
38:11 39:6	118:2	139:22 142:2	48:14,19,21
97:9 98:15	activity 34:20	addiction-...	48:24 49:2,5
account 107:23	40:2,9 46:21	29:22	49:11,25
107:24,25	64:12 113:1	addictions	50:6,7,14,23
	114:16	6:23	51:6,10,12

51:15,18	77:11,25	28:14 45:18	anticipated
52:1,2,4,14	78:18 90:20	allow 57:6	49:23
52:21,23,25	91:5,6 92:7	allowed 63:2	anymore 15:1
53:3,25 54:7	92:10,14,25	78:15,16	anyway 23:6
54:10 55:2,8	103:18	118:7	apart 17:4
55:9,14,16	106:23 107:1	Allure 59:7,8	apologize 89:4
56:2 57:5,8	agents 128:20	59:9,10,13	127:25
57:18,20,24	131:12	59:16	appalling 7:25
58:5,7,13,15	aggregate	Alphanumeric	appear 58:23
58:16,19,22	111:10	104:13	118:17,20,21
59:1,6,8,12	aggregated	altered 77:20	119:13
59:19,21,24	112:5	80:4	132:25
60:7,11,16	ago 128:2	alumni 51:14	appearance
60:17,22	131:24	America 47:23	5:13
61:2 63:6,15	agreed 12:15	47:25 48:8	appearances
63:25 90:3	agreement	61:2	9:10
Advocates'	50:20,20,24	American	appears 59:3
53:13 57:10	51:7,11,21	104:10	101:13
58:24 59:1	51:23	amount 14:16	112:12 113:3
Aetna 108:15	agreements	50:10,22	appointed
108:19	50:17,18	51:2 52:13	144:14
affect 86:1	85:5 97:15	52:15 53:24	appointments
139:12	138:16	59:20 62:25	100:5 123:15
affiliated	ahead 10:22	109:7	appreciate
87:15 97:25	air 67:11	amounted 34:9	22:6 143:11
98:3 141:1	airline 34:24	50:24	appreciation
age 10:10	47:1 53:20	amounts 40:11	143:21
86:10 139:21	54:10 57:4,6	49:1 110:22	approached
agencies 41:24	57:16,21	112:3,24	84:24 138:10
90:10 118:12	58:16 59:9	117:20	appropriate
agency 65:18	airlines 64:8	analogy 105:2	83:1 87:24
119:3	ala 105:4	analysis 26:22	131:18,22,23
agent 24:21,21	alarming 9:1	28:5 122:4	132:4 136:12
26:3,3,8,19	alcohol 5:23	analyze 26:25	141:10
27:6 28:11	5:24 6:8	and/or 33:19	appropriately
28:18,22	7:19 17:6	45:24 46:11	106:7
29:2 34:2,2	21:4 23:10	145:5	approve 38:2
36:18 37:8	32:11 60:24	ANNEX 1:10	99:7,10
43:10,11	62:6,10 63:1	answer 114:19	approved 20:3
44:5,9,15,16	63:7	114:20	20:21
44:18,18,23	alcoholic	118:18	approximately
45:3,9 47:9	82:24 136:10	128:21 132:5	28:25 30:10
47:9 63:13	alive 24:6	anti-money	30:16 48:18
64:2,6 66:20	all-you-ca...	111:14	48:22 53:25
68:6,17	105:3	anti-trust	58:22 75:23
70:15,19	allegations	93:10	84:2 95:16

95:18 107:5	104:10	46:18 55:9	116:13
107:7,9	asthma 13:1	73:6,10	117:19,23
108:12,16	Atlantic 75:2	76:16 78:11	130:17
116:10,14	ATM 130:12	90:12	banked 114:7
130:9 137:13	attend 98:11	awful 15:21	banking 40:9
AR-85 4:3	attention 51:4	96:2	40:10 42:8
24:25 26:1	72:7,12		112:11 113:1
142:10	91:24 105:6	B	117:16,18
AR-85A 25:1	108:7 109:3	B 1:13 4:1	118:2 128:16
AR-85F 51:4	111:22	bachelors 17:1	banking's
AR-85N 72:7	112:17,19	back 6:24 12:3	111:14
AR-85S 105:6	115:2 116:3	15:24 16:21	banks 114:7,11
105:21 106:3	132:9 143:18	16:25 17:21	banner 143:23
AR-85U 108:7	attorney 18:16	18:7,8 19:8	banning 7:14
109:3	102:21	20:23 21:8	Banyan 51:8,9
AR-85V 111:23	145:14	37:23 46:14	51:11,16,19
AR-85W 112:20	attractive	62:15,19	51:21,24
AR-85X 113:17	95:2	82:11,14,17	52:1,5,7,8
AR-85Y 115:3	audio 89:9,19	82:19 84:10	52:11 53:4
AR-85Z 25:1	auditing 28:7	91:6 97:16	base 72:17,19
26:1 116:4	augmented	109:3 115:21	based 7:18
AR85Z 4:4	102:10	119:23	51:20,23
area 42:9	August 10:10	124:15,24	52:24 56:23
areas 7:15	30:15	125:2 128:19	85:12 88:3
31:3 131:21	authorities	135:22,25	96:7 101:12
arrangement	43:7 111:19	136:3,5	117:11
50:24 59:22	114:17	137:21	130:23
arrested 68:25	authority 42:7	142:10	131:14
arrive 95:20	42:21 43:6	background	138:23
arrived 13:24	89:24 131:21	48:7 65:20	141:14
asked 63:5	132:21	76:22,25	basic 124:5
68:12,24	authorized	123:21	basically 15:3
73:10 128:1	33:8	backgrounds	19:15,24
128:17	available	124:1	26:24 47:14
asking 42:14	18:24 23:13	backs 8:11	51:24 67:9
aspects 46:1	51:18 119:4	132:12	76:8 102:23
129:11	avenue 132:24	bad 15:12	127:17
aspired 16:24	Avenues 72:3	20:22	basis 106:22
assess 90:6	72:11,21	bank 27:10	126:5
assigned 29:13	73:4,14	40:6,15	bed 34:10
assist 27:1	average 49:1	53:13 107:11	61:22,23
assisting	84:5 137:16	107:14,22,23	67:25
124:7	avoid 5:13	109:4 110:10	bedrooms 65:11
associated	aware 10:1	110:21 111:4	bedside 74:12
11:4 46:13	23:18,20	111:18 112:3	began 11:2
Association	35:25 46:15	113:4,11	92:22

beginning 32:9 33:14 42:22 64:11	beverages 38:11 39:6 97:8 98:15	55:12 58:15 104:18	69:17,17,20 69:22 70:3
begins 38:4	big 18:14	bodies 7:12 44:10	70:14,16,19 70:23 71:3,6
behalf 24:4 29:7 34:25 51:19 58:16 142:23 143:15 144:7	21:14 56:11 62:8 125:6	body 34:9 35:15 37:3 60:5 73:23 77:3 81:14 134:25	71:15 79:1,8 Brogan's 68:6 68:9 71:11
behavior 60:23 71:3 74:8	biggest 22:5 53:3	bonuses 66:12 72:5 74:2	broke 111:2 broker 46:11 46:21 71:5
Behavioral 53:9 69:25	bill 84:3 97:3 105:8 117:2 125:10 127:1 127:2,2,2 137:14	books 36:22 50:7	brokered 49:22 83:7 136:18
believe 22:8 22:13 78:11 79:12 87:18 90:16 117:13 125:25 141:4	billable 38:10 108:21	bother 103:7	brokering 7:9 31:3,4,12 34:4,5,6,12 34:18 35:9 35:10,15 36:1,11,20 36:22 37:1,3 44:9 46:2,6 46:7,8 47:10 64:12 66:24 73:22,23 74:8 77:3,17 78:20 79:11 81:14,14,17 82:6 84:10 84:12 85:25 93:14 95:1 134:25,25 135:3,17 137:21,23 139:11
believed 73:11 112:14	billed 100:10 105:22,23,24 106:7,11	bottom 54:23	
belong 86:12 139:23	billers 104:19	bought 16:22	
benefit 35:13 35:17 36:25 48:5 54:4 59:21 73:25	billing 38:15 39:16,19,20 39:22 40:2 96:4,5 103:22 104:4 104:6 105:1 105:25 106:2 106:19 107:2 107:3,20 108:25 116:21 119:23,24 120:23 122:9 123:15 125:12	bound 128:20	
benefits 31:6 33:22 38:23 48:4 53:18 53:23 54:1 67:3 84:20 93:16,18 97:1 138:6	billions 6:14	boyfriend 17:2	
best 8:18 13:13,13,15 15:18,24,25 22:22 23:14 41:11 55:23 56:14 59:25 60:4 70:21 79:15 101:19	bills 104:24	brain 18:4	
better 16:7,8 18:21 56:21 68:7 82:21 102:16 124:19 136:7	bit 10:12 11:1 11:21 24:16 27:4 28:9 36:19 45:13 48:6 93:5	break 53:22 89:4 91:9	
	blackout 14:9	breaking 6:7	
	Blue 67:17	Brewer 1:14 5:5,6 23:24 42:2,19 43:8 44:1 79:25 88:25 89:23 91:2,8,14 114:4,10,13 114:22 122:1 127:10 128:11,24 132:6 133:1 133:12 142:14 143:14	
	blurred 80:4	brief 91:9	brokers 7:13
	board 12:1 48:17 55:9	bright 10:15	brought 69:23 130:9
		bring 52:23 83:20 132:4 132:24 137:6 144:4	build 131:9
		brings 72:20	building 85:4 100:6 138:15
		Brogan 66:1 67:7,23 68:1 68:19 69:3	bullshit 86:5 139:16
			bunch 18:22
			bundled 104:21 104:22 105:1 105:2,22 106:6,12,15

Bureau 93:12	California	79:5,12 90:9	86:11,17
Burzichelli	69:8	90:23 91:1,6	87:16,25
1:15 5:11	call 5:1 9:7	carte 105:4	88:1,5 97:4
22:11 23:3	9:16 15:14	case 20:14	97:5,10,17
23:23 40:24	19:23 24:18	33:9 56:2	97:21,23
41:14,25	24:21 44:13	57:17 99:25	98:11 102:14
77:24 78:17	92:4,6	100:1,2,6	104:24 117:9
90:1,18	118:15	131:23	130:8,17,22
119:7,10,16	called 10:7	cash 7:12 31:5	133:18
119:19 120:4	12:5 14:21	34:7,8,10,13	135:23 136:3
120:9 121:2	14:24 68:21	34:16 35:10	136:13 137:6
121:8,14,18	72:3 90:16	44:10 66:25	139:15,22
121:24	104:11,21	67:20 68:23	140:3 141:2
124:12	118:18	71:5 73:22	141:11,12,16
125:22 126:1	calling 18:22	77:3 109:14	centers 7:1,11
126:11,17,21	87:24 141:10	113:25 114:1	23:11,11
127:4,21	calls 44:15	115:13	30:18 31:8,8
128:6,9	Capital 109:10	130:12	31:12 33:7
131:15	120:5	caught 112:16	34:25 35:4,6
business 6:14	capitalize	cause 88:1	36:24 37:10
6:25 8:15	38:24	141:12	37:12,14,16
38:15 39:25	car 16:22	caution 5:13	37:19 38:14
40:6,7,17,18	53:18 62:20	CCAR 90:16,20	39:3,17 40:1
47:14 95:2	130:11	CCR, RPR 1:23	42:13 43:17
108:1 109:23	card 12:3	center 3:9	45:20 46:4
109:24 110:2	14:13 57:7	7:24 8:10	47:3,6 48:3
110:5,9,12	58:6 59:9	13:24 19:6	50:11,13,15
110:16 113:8	109:11 118:9	32:7,12 33:2	52:5,22,23
117:25 118:1	120:5,5,6,7	34:9 43:24	52:25 53:2,5
119:1 120:5	120:8	43:25 50:21	53:14 54:4,8
120:7,8,12	care 7:16 33:3	51:1,8 52:11	54:12 55:6
120:15	37:22,24	52:14,16	55:10,23
130:18	41:16 56:5	54:19 57:15	56:4,14,20
132:11	83:2 96:13	58:6,8 59:17	57:3,7,8,19
businesses	99:12,13	60:6,19	57:23 58:10
37:19 125:14	123:18,18	63:14,23	58:10 59:4
buy 118:8	124:6 126:2	64:16,18,21	60:21 64:7,8
120:23	127:7 131:6	66:11,11	66:6,18 68:9
126:23	131:8 136:13	68:2 69:15	69:7,21,24
buying 57:15	Cartagena 2:19	70:25 71:2	71:12 74:20
64:8	44:16,18,23	71:19 72:3	74:23 75:9
	44:25 47:9	73:8,14 75:2	75:11,16,19
	64:6 66:20	75:21,25	76:7,17,20
C	70:15 77:12	80:7 82:12	77:8 80:20
C 1:16 145:1,1	77:25 78:9	82:17 83:2	81:1 82:2
calculator	78:18,23	83:20 86:4	83:21 84:3
84:8 137:19			

84:24 88:9	142:12,14,17	114:18,24	66:22 68:11
94:15,17,17	143:13,14	118:14 119:9	68:14,25
96:21 97:14	144:14	119:14,18	70:23 72:25
104:16	changed 18:19	128:7,13	73:3 80:7
123:22	chaotic 12:12	129:16,18	82:1,10,11
129:21 130:1	charge 106:9	131:11 133:3	82:14 86:3,7
131:4 134:6	121:3	133:20 142:8	86:8,9 94:3
134:12	charged 46:15	143:8,12	96:23 97:2
135:13 137:7	46:19 78:22	144:1	97:16 99:11
137:14	charges 105:13	circles 125:2	99:12 100:1
138:10	charging 8:7	circular	100:3,4,12
141:20	check 14:7	115:11,17,19	102:14
CEO 68:18	Cherry 130:4	circumstance	105:23
certain 8:1	chief 5:17	22:14	133:18
37:9 39:16	30:9 87:2	circumvent	135:12,21,22
46:3 55:14	140:13	7:14 40:10	135:25
56:20 84:14	143:25	57:19 59:4	139:14,18,19
84:23 93:14	choice 94:11	59:13 112:13	139:20
128:20	choose 41:10	circumventing	client's 38:17
137:25 138:9	41:13 94:11	36:24 58:11	38:21,22
certainly	100:19	111:3	96:24 99:6
16:23 21:22	101:19 117:8	citizens 29:8	99:17 127:3
129:6,8	124:25	claimed 68:25	clients 34:7
certification	Cialino 1:18	claims 8:15	37:23 38:8
90:17	2:4,6,9,11	108:13	39:4,9 41:9
Certified 1:23	2:15,20 3:4	clarify 89:7	45:19 48:18
145:2,22	3:7 5:18 9:7	105:19	48:23 49:3,6
certify 145:4	9:15,22 22:6	128:18	49:11,13,16
145:8,13	24:9,18,20	clarity 132:8	50:1 52:4,10
cha-ching 88:2	26:7 27:14	classified	54:7,11
141:13	27:16 28:17	47:16	55:10 56:3
Chadd 5:17	34:1 37:5	clean 7:2 86:1	57:11 58:13
143:22	40:20 41:21	139:12	58:17,18,24
chair 1:14 5:4	42:10 44:3	clear 13:4	59:1,13,17
5:5,6 23:24	44:13,15,22	17:5 54:14	60:1,8,8
29:20 30:5	47:8 60:25	90:19 119:21	66:4,4,9
42:2,10,19	63:4 64:2,5	client 2:17	67:8,12,21
43:8 44:1	77:13 79:17	3:9 38:1,4	70:13 71:7
79:25 88:25	80:2,9 88:22	38:19,20,25	71:10,13
89:23 91:2,8	89:15,25	39:10 46:25	74:3 82:20
91:14 114:4	90:19,24	48:3,25	83:12 84:25
114:10,13,22	91:4,17 92:3	50:25 52:2	85:2,4,16,18
122:1 127:10	92:5,13	52:15 55:3,5	86:6 87:11
128:11,24	96:15 102:8	55:17 60:4	96:10 97:12
132:6,19	103:1,15,17	60:12,20,23	98:17,22,25
133:1,5,9,12	106:23,25	61:8 63:17	100:17,19

101:16,18,21	CMS 104:16	62:15,19	1:14,15 5:10
107:7,10	coach 32:5	65:10,13	5:11,12
108:19 117:3	57:1 64:25	97:5 100:2	22:11 23:3
117:7,8,10	65:3,4 66:1	121:15 123:1	23:23 40:24
123:19	66:8,15 70:4	124:8 143:7	41:14,25
124:25 125:1	70:20 71:16	comes 11:5	77:23,24
125:5,6,9	71:24 72:10	56:7 62:8	78:17,18,24
127:20 131:7	72:16 73:2,7	65:2 66:25	78:25 79:7
136:6,23	73:13,17,18	94:3 116:19	79:13,18,24
138:11,13,15	73:21,24	117:23	90:1,18
139:2,4,17	74:6,13,13	comfortable	119:7,10,16
140:22	74:17,24	16:20	119:19 120:4
clients' 99:15	75:1,7,8,10	coming 5:8	120:9,15
clinic 12:7,16	75:17,20,22	17:9 22:7	121:2,8,14
12:20,25	76:5,10,18	52:20 82:11	121:18,24
13:2,11,11	77:4,6 78:10	82:17 85:2,4	122:2,3,14
13:16 14:3	coach's 76:6	85:8 91:20	123:20
22:25	coaches 35:2	108:8,23	124:12,22
clinical 36:16	44:12 47:2	135:22 136:3	125:22 126:1
65:20 76:21	47:11 48:16	138:13,15,19	126:2,11,17
76:25 86:23	55:19,20,25	commencement	126:21 127:4
90:21,25	56:3 64:13	145:5	127:21 128:6
126:15	64:14,20,22	comments	128:9 131:15
127:12 140:9	65:15,19,23	142:13	Commission...
clinician	66:22 67:1	commercial	132:14
56:25 70:3,5	67:18 70:14	109:15 118:6	commissioners
70:7,9 73:18	70:16 74:19	commission 1:1	22:9 40:22
81:3 87:24	78:2 87:14	1:18 5:3,7	44:2 118:16
134:14	90:5,10	5:10 24:13	129:7 131:13
141:10	93:19,22	26:13,16	132:20
clinicians	140:25	27:22,24	142:22
55:20 70:20	cocaine 61:21	28:23 36:7	143:15 144:7
126:7,10	62:5	42:7 45:4,6	commitment
clip 102:9	code 104:7,8,9	54:3 64:24	81:22 132:21
clips 89:18	104:13,22,23	92:18,21,22	135:8
close 10:18,25	104:24 105:1	94:22 95:25	Committee 1:11
45:7 75:11	105:3,4,22	97:18 102:9	commodities
91:24 142:13	106:6,12,16	103:21 104:2	131:9
142:14 143:7	codes 104:21	118:15	commodity
closed 85:19	106:16	129:20,24	82:25 136:11
139:5	coding 104:5	130:2 132:2	common 33:13
closer 99:1	104:12	142:17	104:12
113:15	combined	145:24	130:25
114:25	104:23	Commission's	commonly 32:2
clothing	come 24:22	24:15 26:21	community
130:11	43:2 50:13	Commissioner	51:17 86:5

104:20	concise 119:21	consideration	contributor
139:16	concluded	72:19	53:4, 8
community-...	144:20	considered	convenient
32:8 64:15	concurrent	57:17 110:6	89:21
65:12 71:17	99:2	115:11	conversation
companies 33:7	conduct 26:20	consistent	13:14
35:2 39:13	28:3 29:2	108:17	conveyed 85:10
53:5, 9 99:4	42:17 73:20	construed 41:4	138:21
99:7, 10	77:2 78:8	consulting	convinced
100:9 101:14	79:21 91:25	67:2 71:12	13:14
103:24 107:4	95:24 129:4	consume 60:24	convoluted
108:4, 14, 23	conducted 27:9	63:6	117:18
117:3 124:16	28:13 30:3	contact 19:19	119:22
company 15:14	45:24 111:1	32:3, 6 65:3	cope 17:1
38:2, 23 48:7	112:8, 23	65:14	copy 105:8
59:7 64:15	conducting	contacted	corporate 8:20
66:2 67:13	126:6	14:23	27:12
67:18 70:6	conference	contacts 66:3	correct 35:19
71:4, 9 83:23	95:5	contained 99:5	63:8, 16 73:5
96:25 105:9	conferred	contempt 119:6	78:22, 23
106:15 137:9	35:17	context 89:13	87:9 89:24
compel 132:2	confidential	129:11	89:25 93:16
compelling	43:19, 21	continually	106:1, 13
119:20	68:6, 11, 18	78:4	108:5 120:14
compensated	89:9, 10	continue 7:6	124:22
64:23	102:3, 6	40:16 89:5	132:18
compensation	133:8	97:3 113:7	140:20
46:11	confidenti...	125:10	correlation
complete	128:20, 22	144:10	52:13
123:18	129:12	continued	corrupt 7:9
completed	conflict 5:14	109:19	8:9
32:20	64:25 73:11	continues	corruption
complex 28:4	confronted	30:19 143:2	27:12 29:4
28:13	12:7	continuing	45:10, 23
component	connected	24:1, 5	93:2
128:4	127:18	122:12 129:3	cost 38:12
comprised	connecting	contract 69:24	39:7 59:20
48:15 108:15	54:18	72:5, 10, 18	97:10 98:16
computer-a...	connection	73:2	100:23 101:9
145:9	36:7 41:7	contracted	counsel 1:18
concept 64:24	58:7	67:13	4:7 5:17, 18
concern 19:1	consecutive	contractor	9:6, 13 24:18
132:10	112:7, 7, 25	120:3 126:5	42:1 44:13
concerning	112:25	contracts 71:8	91:17 92:3
15:7	consequence	contributed	103:1, 15
concerns 70:18	6:18	53:7, 11	128:10

131:16 133:2 142:18 143:8 143:25 144:1 145:14 counseling 12:5 19:8 countless 29:24 67:12 country 5:25 58:3 69:7 county 66:8 67:14,15 71:17,23,25 73:2,21 75:2 79:2,9 couple 61:11 courage 24:1 course 11:11 12:9 21:2 31:16 34:14 43:13 59:23 90:2 99:8 122:18 127:18 court 1:23 119:11,15 131:24 145:2 145:22 cover 31:13 79:14,21 81:23 135:9 coverage 7:22 20:12 21:13 68:14 covered 14:4 14:18 15:3 18:18 20:13 21:19 79:4 79:10 covering 14:25 CPT 104:7 crack 62:19 cravings 99:19 created 67:9 67:19 creates 56:18	64:24 creative 8:25 credit 14:13 109:11 118:9 crime 29:3 36:5,15 45:10,24 93:1,11 crimes 28:15 111:12 criminal 27:7 27:10 28:12 29:14,19 46:17 93:8 crisis 5:23 CS 68:24 CTR 111:6 112:13 117:21 CTRs 111:11,13 111:19 culprit 21:5 cup 105:15 curious 22:16 23:12 42:5 127:11 currency 111:5 111:9,10 current 36:21 104:6 115:14 118:6 currently 26:11,12 27:20,21 28:21 32:10 42:6 45:2 92:17 101:3 122:11 customers 111:17 cut 123:2,10 cutting 39:12 98:19 122:25 cycle 6:6 7:3 7:7 32:25 38:4 96:20	cycles 96:19 <hr/> D <hr/> D 2:1 3:1 daily 106:21 date 1:8 30:11 31:15 124:8 127:15 145:12 day 15:12 20:21 63:2 83:23,24 84:1,7 94:4 94:5 95:16 95:19,21 104:25 105:10,13,23 106:21 111:11 112:5 113:3 119:1 137:9,10,12 137:18 day-to-day 126:5 days 14:1,11 14:18 15:20 20:24 61:23 72:24 84:2 95:15,19 96:12 103:6 103:8 112:7 112:25 137:13 deal 21:14 dealing 29:24 60:11 dealt 43:22,22 death 33:10 deaths 6:2,4,5 30:7,10 debit 57:6 58:6 59:8 decade 10:7 decide 17:16 23:14 decided 31:24	deciding 11:19 11:22 decision 70:12 125:19 decisions 70:17 deemed 131:22 definitely 85:14 138:25 deliberately 111:15 deliver 69:13 delivering 67:6 denial 11:17 department 30:13 45:16 67:14 departments 67:16 dependence 6:8 7:19 descent 103:9 describe 34:4 described 33:18 47:21 66:21 73:21 129:25 describing 15:7 61:1 DESCRIPTION 4:2 deserves 144:5 designed 40:10 74:9 104:10 104:15 DeSimone 97:24 98:5 107:12 107:16 108:18 110:7 113:13,14 118:15,18,24 119:2 123:7 123:7 124:2 124:3 127:11 DeSimone's
---	--	--	---

98:5 101:13	32:12	directly 32:14	disorders
107:23 109:8	devastated	67:3	48:14
110:19	12:18	director 5:2	displaying
113:12,22,24	develop 26:24	5:16 48:21	142:19
115:1,7,10	developed	58:20 81:3,4	disrupt 29:18
116:2,8,12	26:23 28:6	82:8 86:16	disrupted 9:2
116:15,23	developmental	132:15 133:4	disruptive
118:11	45:20	134:14,15	15:18
DeSimones	DHS 45:17	135:19 140:2	distinct 14:2
109:17	diagnosed	142:11	distinctly
110:11 114:7	86:10 139:21	143:20,22	14:16
118:5	died 6:3 19:25	directors 55:9	distribute
DeSimones'	20:24	disagree 11:17	51:16
123:21	different	disastrous	distributed
desperate 6:7	11:16 20:10	37:22	51:25
despite 8:14	23:11 31:23	disclosing	distrust 16:2
36:21 60:18	32:2,15	64:20	Division 93:7
76:24 118:21	42:12 69:11	Discovery	doctor 57:1
destinations	71:25 83:23	68:20 69:4	100:5
57:25	124:20 137:9	75:4	doctors 20:25
detail 32:17	difficult	discuss 43:4	document 72:13
46:22 91:21	12:14 18:15	46:22 102:4	100:7
determination	18:17 22:3	114:21	documented
55:17 56:1	115:22	discussed	68:5
77:1	116:22	14:12 32:16	documents
determine	difficulties	37:8 40:18	48:23 68:16
53:16 70:21	89:2 133:6	46:6 52:19	doing 16:23
122:6	digit 104:7	107:2 108:25	17:2 63:3
determining	diligence	113:9 116:9	78:10,11
55:21	143:9	discussing	85:18 87:22
detox 13:3,8	diligently	17:10 42:15	98:10 125:12
15:3 33:1	142:21	54:25 91:24	139:4 141:8
37:24 59:7,8	DiMaria 2:3	117:16	144:4
59:10,16	9:16,18,25	disease 11:5	dollar 50:22
63:2 82:7,8	10:6 24:12	20:1	51:1 112:24
82:9,9,15,16	direct 22:20	disguised 40:7	dollars 29:6
97:14,15	51:3 72:6,12	61:6 71:12	39:23 45:11
135:18,19,20	105:5,14	74:2 109:24	107:21
135:20 136:1	108:6 109:2	110:16	donate 64:9
136:2	111:22	117:24	donated 35:1
Detox's 59:9	112:19 115:2	disguising	53:1
detoxed 82:11	116:3 120:1	110:4	donating 57:23
135:22	directed 42:20	disheartening	60:5,21
detoxes 80:16	86:21 140:7	15:16	donation 54:5
94:21 134:2	directing	dismantle	63:25 85:1,7
detoxifica...	60:23	29:18	138:12,18

34:21 46:25	106:11	employe 72:21	56:6
50:9,17	duplicative	employed 26:11	ended 9:2
52:20 53:17	106:9	26:12 27:20	19:16,16
53:19 56:9	duties 76:13	27:21 28:21	23:22 24:3
57:2 59:6,15	124:5	28:22 29:11	102:6 130:14
84:22,24	duty 8:23	45:2,3,14	endure 23:5
85:13 138:8	dying 29:22	64:21 68:2	enforce 132:21
138:10,24		70:5 73:7	enforced 79:15
donors 53:3	E	74:20,24	enforcement
door 123:9,10	E 1:13,13,16	75:1,4 76:7	29:17 49:7
doors 10:23,24	1:16 2:1 3:1	76:10,19	66:3 67:10
85:19 139:5	4:1 145:1,1	77:4 78:4	69:2 111:12
double 105:25	earlier 15:2	92:17 93:5	engage 7:25
107:3 122:9	37:2 49:9	119:25	engaged 38:14
Double-bil...	52:19 54:13	employee 53:23	79:9
8:6	57:2 66:24	70:24 71:2	engaging 74:7
downgraded	96:18 108:25	72:18,20	enjoy 102:19
99:17	113:9 121:9	120:2 121:16	Enlightened
downplay 99:15	133:7 144:14	121:19	75:1,14,22
downplayed	early 9:2 68:4	employees 7:25	75:25 76:11
99:6	74:25	35:4 48:15	76:14
downplaying	earned 75:12	63:6 96:8	enrich 8:19
39:12	115:24	98:6 99:5	ensure 7:4 8:2
drained 130:16	easy 6:16	122:24 123:6	30:22
drank 62:20	142:20	126:25 127:5	entering 51:6
draw 41:12	Economic 93:11	130:18,20	enterprise
drawing 132:8	Edward 2:5	employer 73:6	29:14
drink 62:4,4,7	28:20	76:15 77:8	entertainment
drinker 62:5	effect 79:18	employing	130:12
drinking 21:2	effort 38:25	75:22	entice 98:10
21:3,4 62:13	97:2	employment	enticement
drinks 41:3	eight 48:22	71:10 72:9	57:17 100:15
drive 6:2	either 32:13	73:1,11	100:19
driver 62:22	43:10 78:14	76:16 78:2	enticements
drop 62:22	97:14 100:8	empowered 8:23	38:10 41:9
drug 5:23 8:3	122:14,19	enable 39:22	101:17
68:13 105:13	electronic	123:21	entities 35:3
106:7	120:18	enablers 17:14	67:10,19
drug-related	Eliminating	enabling 57:18	90:3,4 98:1
6:4 30:7,10	36:13	encompassed	entity 46:13
drugs 32:11	embezzlement	106:12	47:16
60:24 63:6	27:13	encompasses	envelopes 34:7
due 9:3 122:9	embrace 16:16	24:25	34:16
duly 9:19 26:4	emergency 65:9	encounter	environment
44:19 92:11	emphasize	23:18	17:25 39:10
duplicates	11:14	encouraging	127:22

epidemic 13:6	103:16	exists 6:23	extra 73:3
Eric 2:8, 14	106:24	expect 20:13	extremely
26:10 44:18	129:17	82:16 136:2	33:16 69:1
especially 7:4	133:20 145:5	expected	eye 132:9
17:23 23:4	examine 107:11	118:18	
47:4 77:25	examined 9:19	expense 14:12	F
ESQ 1:17, 18	26:5 44:20	14:14 20:15	F 1:13 145:1
essence 37:1	92:11	20:15 21:20	face 11:7
64:23, 23	Examiner 30:9	38:17 96:3	77:21 80:4
essentially	example 34:7	127:3	102:11
35:16	57:5, 14	expenses	faced 16:2
established	58:21 59:5	120:10, 15, 21	21:20
67:11 105:17	68:4 74:5	130:12, 18	facilitated
estimated 6:14	97:19 102:1	experience	59:12
ethical 86:24	105:11 106:3	10:4 43:13	facilities 8:3
90:20 140:10	106:5, 14	61:2 77:14	8:17 22:4, 21
evading 111:15	examples 65:22	77:15 80:21	32:18 38:6
evaluation	66:20	85:6 88:4	41:2, 16, 23
26:22 28:5	excellence	102:4 103:19	57:9 69:6, 12
evasion 28:15	143:24	117:12	75:5, 6 76:9
111:21	excellent	124:10 134:7	76:24 91:22
118:13	122:17	138:17	93:24 94:1, 8
event 145:15	excessive 96:6	141:15	94:10, 19, 24
events 51:17	exchange 7:11	experienced	95:5, 11, 13
76:12	20:7	20:9, 10	96:1, 8 97:16
everybody	exchanges 31:5	experiences	127:24
11:12 15:22	excuse 10:16	43:17	facility 15:9
everyone's	37:11 69:17	expire 101:25	22:19, 20
32:1	76:5	expires 145:24	23:14, 22
evidence 26:22	execute 131:20	explain 30:4	36:8, 17
28:5 39:15	executive 5:2	35:8 57:4	39:14 41:10
110:8, 10	5:16 48:21	65:1, 22	41:13 46:13
142:10, 20	58:20 121:22	71:20 77:16	54:18 57:16
144:9	133:4 143:22	99:16 104:4	58:9 61:20
evident 67:5	exhibit 24:25	111:24	67:25 68:20
evolution 31:5	51:4 72:7	explained	68:22 72:1
34:4 44:8	105:21	32:22 60:17	74:1 90:7, 13
evolved 66:25	108:11 109:3	exploit 6:17	92:1 94:3
exactly 130:2	109:6 111:23	56:19	97:15 100:20
examination	112:1, 20, 22	exploitation	101:19 108:3
9:21 26:6	113:17, 19	45:19	121:12 130:3
27:15 28:16	115:3, 5	exploited	facing 21:16
33:25 37:4	116:4, 7	24:17 33:19	fact 15:1
44:21 47:7	exhibits 4:7	131:8	60:10 118:1
64:4 80:9	144:8	expose 29:4	118:10
92:12 96:14	existed 110:14	extended 8:2	124:19

failed 132:25	fellow 5:9	34:18 38:5	58:13
failure 20:1	70:16 126:2	47:24 49:5	Floor 1:11
fall 17:4	132:14	49:24 51:21	floors 86:15
false 96:10	felt 11:24, 24	52:12 54:3	140:1
familiar 5:21	11:24 12:19	55:1 59:24	Florida 50:3
24:2 81:13	16:11 126:24	67:25 69:3	51:9 53:6, 10
127:6 134:24	127:8	90:4 95:25	53:21 58:3, 4
families 6:10	Fentanyl 6:2	97:18 104:2	58:6 69:8
33:15 41:18	field 56:24	107:18 122:8	flow 7:6 40:4
family 10:18	fighting 87:10	129:24 130:3	92:2 109:19
11:6, 16, 24	140:21	finding 33:13	117:17
12:1 14:22	figure 86:12	118:19	flowing 120:10
15:9 16:10	87:4 139:23	findings 24:15	flown 58:2
17:10, 11, 15	140:15	31:13 130:25	flows 115:20
17:18, 21	filed 111:11	fine 19:21	117:24
19:23 21:10	119:2	finish 16:25	fly 57:9, 16
22:18 23:25	filing 111:5	fired 67:6	focus 31:1, 8
29:25 65:8	112:13 119:6	69:14	37:12, 15
family's 21:7	fill 14:14	firms 8:6	49:16 94:22
family's 9:8	final 79:23	first 9:7, 19	focused 31:2
far 9:2 50:9	128:7 129:5	12:8 16:22	37:8, 13, 18
57:22 78:21	finances	22:16 26:4	38:8 49:19
79:4, 13	129:20	31:25 32:11	91:23
90:11 114:5	130:24	43:17 44:19	focusing 42:17
favored 102:17	financial 7:11	46:5, 24	folks 133:7, 10
February 57:22	21:20 26:21	47:12 61:13	follow 19:9
federal 6:16	26:25 28:4	67:7 73:9	109:18
20:7 36:10	28:13, 15	88:1 92:10	follows 9:20
36:12, 15	31:6 33:22	103:10	26:5 44:20
40:10 42:21	36:25 40:2	105:22 108:7	61:9 80:8
43:6, 6	42:4, 24 48:4	113:16 114:3	92:11 102:14
102:20	59:21 63:23	114:6 125:15	133:19
104:16 111:3	93:11, 17	141:12	fond 10:20
111:7, 18	111:8, 12	144:13	food 38:11
114:17	117:13	firsthand	39:6 41:3
129:12	122:17	127:7	95:4 97:8
federally	financially	fit 76:24	98:15 100:14
114:11	19:1 21:16	five 62:8	100:17 101:8
fee 36:6	64:23	72:24 85:15	124:18, 23
feel 21:9, 13	financials	95:15 101:3	130:10
21:23	43:3 53:13	103:6 104:7	force 29:17
feeling 12:17	FinCEN 111:13	118:7 139:1	foregoing
15:14	128:23	fix 89:4 91:9	145:9
fees 67:2	find 7:13 8:25	flag 111:20	forensic 27:17
71:12	18:13, 17, 23	flags 118:2	28:3 92:6, 9
feet 124:14	21:24 22:3	flights 58:1, 4	form 7:5 14:13

34:13 47:15	27:12 29:5	42:5 43:4,7	83:7 84:6
50:16 52:20	45:10 93:2	44:2 64:4	86:3 87:23
formal 90:12	93:12 118:13	79:25 103:16	89:3 102:16
former 9:9	freaking 87:3	106:24	102:18 125:3
43:16 48:21	140:14	109:18	135:7 136:18
58:20 99:4	free 41:3	129:17 145:8	137:17
114:2 118:5	100:23	145:13	139:14 141:9
121:16	frequently	furthermore	gift 124:15
122:24 123:5	6:18	30:17 111:15	gifting 124:17
126:7,25	Friday 118:25	future 144:11	gifts 97:8
127:5	friend 61:19		girl 62:8
forms 8:8 31:6	friends 29:25	G	102:20
31:23 34:15	front 21:19	gain 130:5,7	girlfriend
34:17 35:8	118:22	gained 116:20	61:11
67:1 81:19	Fueling 7:7	gains 8:11	give 48:6 85:7
81:20 82:5	fulfill 8:23	118:4	86:5 89:12
135:5,6,16	full 15:20	Galietta 1:17	138:18
forth 115:21	23:12	5:17 143:25	139:16 143:8
124:24	fund 8:12	gamut 17:11	given 9:1
145:12	40:15 98:9	gang 29:15	14:17 22:18
forward 12:23	107:25 113:6	gap 42:9	41:16 74:15
122:13	116:24	gas 53:18	90:8 105:10
128:14	funded 50:6,8	gate 125:16	107:10
132:24	54:9 116:16	gathered	122:16
found 7:23 8:9	funding 18:24	108:17	giving 85:16
18:14,17	47:3 48:2	gears 37:7	124:15 139:2
22:3 32:2	50:10,16	generally	glaring 104:1
33:16 38:7	52:13,16,21	30:25	glass 62:8
39:15 40:6	53:14 54:5	generate 84:22	go 12:16 16:25
46:20,24	55:7,10 56:9	138:8	18:13 19:10
48:1 49:20	57:7 63:15	generated	22:19 23:18
50:22 52:1,6	67:20	98:24	31:24 37:23
54:6 60:7	fundraising	generates 33:6	56:6 60:18
64:19 65:23	81:12 134:23	generating	61:24,24
69:6,10 70:8	funds 40:4,14	47:15	62:15,16,19
71:11 75:18	50:12,14	Georgi 9:9	65:9 74:16
96:2,19	109:20 113:6	10:7,12	75:15 86:8
97:13 114:15	115:23 117:6	11:24 12:7	86:15 90:14
131:2 132:1	117:17,22	13:19 16:13	90:16 97:16
four 22:21	funneled	Georgine 10:6	98:7 100:12
51:10 81:23	107:22,24	getting 7:1	102:17 103:4
113:25	116:22	17:21 20:12	103:8 123:8
115:14 135:9	funneling 35:5	20:18 34:8	123:9 128:14
fourth 5:12	funnels 98:8	38:8 66:18	128:18
fractured 12:2	further 33:25	67:22 75:20	139:19 140:1
fraud 8:8	37:4 40:18	77:6 81:21	goal 8:21

30:21	government	121:13,16,21	47:3 49:10
goes 76:12	6:16 66:3	125:18,25	52:16 53:9
109:16	71:8 102:21	126:9,13	54:22 55:3
going 5:20	104:16	127:9 128:3	55:22 56:22
10:16 11:20	governmental	guilty 36:5	61:4 63:10
11:22 12:20	29:5,7 35:3	guy 62:14 87:2	63:11 66:5
13:8 14:1,4	governs 42:23	140:13	75:3 76:1
14:8,10,17	Graceway 98:2	guys 16:12	96:25 108:13
15:19 16:8	98:4,6,7,9	17:16 91:5	108:20
16:14 18:7,7	100:24 101:1	132:3	Healthcare
19:7 22:17	101:2,6,7,10		18:15 104:12
22:23 23:22	101:16 103:2	H	104:20
24:14 39:18	103:20	H 4:1	118:13
41:6 42:4,10	107:15	H0015 105:11	healthy 6:24
42:15 46:3	116:25 117:5	106:5,9,12	hear 5:20 7:16
46:14,22	117:6,6	half 14:20,24	15:10 22:13
51:3 61:17	127:16	28:1	24:15 36:19
61:19,24	Graceway's	Hamilton 48:11	36:21 39:17
62:4,21 65:5	107:24	handle 16:9	39:19 43:20
72:6 78:15	116:13,16,25	hands-on 90:21	65:25 66:7
78:15 82:18	grant 18:24	hanging 89:5	66:14,21
84:10 85:1	50:9	happen 11:2	76:2 133:7
86:11 91:21	grants 71:22	58:4 68:24	133:11
92:1 93:22	71:22	happened 13:23	144:10
102:9 103:6	grateful 85:1	14:19 16:3	heard 29:20
103:11 105:5	138:12	16:12 77:9	30:5 33:14
108:6 119:23	gray 7:15	112:6 113:2	45:25 63:20
120:13 123:8	great 19:21	happening 15:8	64:6 89:8,16
127:22,24	102:22	19:17 109:4	89:19 93:13
133:16 136:4	142:24	126:24	96:18 99:4
137:21	143:11	130:15	103:18
138:12	grew 125:8	happens 32:23	118:20
139:22	group 23:13	hard 43:18	122:23
gonna 62:16,17	45:20 75:2	142:25 143:9	126:25 131:4
103:5	98:19 99:21	harder 21:24	133:14
good 5:5 9:23	105:12 123:3	harm 86:7	hearing 1:4
9:25 16:18	grow 30:19	139:18	5:2,8 23:20
26:10 61:17	108:1	Hart 67:17	32:17 33:15
61:22 68:19	growing 6:15	HCPCS 104:13	43:20 52:9
76:24 86:25	grown 7:12	head 72:5	54:25 89:14
88:7 114:23	guess 77:22	headed 12:2	118:25 119:1
140:11	Guhl 3:6 92:7	health 7:5	119:2 129:2
141:18	92:10,14,16	12:5 13:20	132:16
goods 118:8	103:18	18:11,13	144:13
gotten 19:22	106:23 107:1	30:13 37:14	hearings 129:4
govern 42:24	120:1 121:6	37:17 38:9	142:19

heartbreaking 22:13	hire 69:15	hotel 61:10 62:12	impacts 77:17
hefty 7:5	hired 67:17	hour 95:22, 22	implications 110:6
held 43:24 81:1, 9 134:12, 20	histories 124:7	hours 12:9 95:16, 18 105:12 123:4	implied 50:24
help 6:7, 11, 23 8:15 10:5 18:23 19:7 19:24 20:4 21:22 33:23 39:10 41:9 47:17 59:3 60:8, 18 62:11 65:7 65:13 67:22 70:7, 10 74:14, 15 85:17 90:14 100:4 102:5 123:14 139:3	history 16:17 123:23	house 1:10 102:23	implies 94:2
helped 118:5	home 36:16 101:3 114:3 124:13 130:12	houses 65:11	important 30:4 32:15 38:21 56:25 82:12 85:23 96:20 100:15 101:10 117:5 133:13 135:23 139:9 143:19, 19 144:3
helpful 12:21 41:4 61:13	homes 31:10, 13 32:17 38:12 38:13 39:8 41:2 45:20 46:4 97:9 98:16 100:24 101:4 107:15 115:15 116:17 117:2 118:7 124:10 124:11 125:7 127:17, 23 128:4	housing 124:18	impression 13:25 14:3, 7 14:17
helping 41:11 56:13 124:19	Honestly 62:5	husband 127:19	impropriety 122:17
helps 47:18 117:7, 10	honor 129:13	hustle 69:18	in-depth 122:4
hereinbefore 145:12	honored 131:19		incentive 63:23 72:19
hey 85:6 87:25 138:17 141:11	Horizon 108:14 108:19	I	incentives 97:8
hid 77:20	horrible 15:13 21:9	idea 41:19 78:10	incentivizes 56:12
hiding 11:8 62:13	horrific 22:15	identifica... 26:2	incidental 14:14
high 37:24 62:15 95:6	hospital 20:4 20:23 61:25 62:23 66:16 66:19 74:7 74:10 75:7 75:12, 16, 18 75:24 76:15 77:5, 9 78:1 78:6, 8, 12 94:20	identified 35:9 93:17	incidents 30:14, 17
higher 9:5 33:2 96:13 99:12	hospitaliz... 95:14	identifies 104:8, 14	inclined 133:9
highlight 92:2	hospitals 51:14	identify 8:22 29:4 115:22	include 72:24 95:13 143:6
highlighted 72:13, 16	hot 100:18	identifying 110:2	included 107:3 110:13
Hill 97:22 130:4		identity 61:5 80:5 102:12	includes 69:24 104:22
		ignored 62:21	including 46:2 67:10 69:7 84:15 106:8 119:5 138:1
		ilk 79:1	income 28:14 40:8 110:5, 7 111:21 118:3 118:13
		ill-gotten 8:11 118:4	
		illegal 6:8 7:8 36:23 46:7 60:24	
		illicit 7:20	
		imagine 23:9 126:13	
		immoral 7:8	
		impact 144:6	
		impacted 102:1	

increasingly 7:13	77:15,17,19 80:11,13,15	33:20 111:8	94:11 96:23
independent 35:2 41:24 100:10 120:3 121:4,7 126:4	80:22 81:6 81:17 82:6 86:14,19 124:3 133:22 133:24 134:1 134:8,17 135:3,17 139:25 140:5	instructed 60:22 96:9 121:17,19 123:7	96:25 98:8 98:18,22,25 99:4,7,8,10 100:9 101:14 101:25 102:6 102:16,20,22 102:24 103:14,24 105:9 106:15 107:4 108:4 108:12,14,20 108:23 113:3 113:11 115:4 115:23 116:2 116:20 117:2 117:23 123:17 124:16 125:3 130:4 131:3 136:19,20 137:5,9,14 140:20 141:18
indicate 110:11 121:19	influence 19:14 97:4	insufficient 127:8	insurance-... 8:2
indicated 48:22 103:25	Informant 133:8	insurance 7:5 7:21 8:6 12:3,4 13:19 13:20,21 14:25 15:3 15:14 18:12 18:13 20:6,7 21:18,25 22:1 31:9 33:4,6 34:22 34:25 35:6 35:14,23 37:14,17 38:1,2,3,9 38:22,23 39:1,13 40:5 40:14 42:8 47:4,5 49:10 49:12,14,15 49:20,21,23 52:8,9,16 54:8,22,24 55:3 56:4 60:3,6,9,12 60:15 61:4 63:10,12,18 63:21 64:18 66:5,10 67:24 68:1 68:13 71:7 71:19 72:2 73:15 74:4 75:3 76:1,3 83:8,9,19,23 84:3 87:9 88:7 91:23 93:15 94:9	insurances 71:14
indicating 99:18 105:19	information 18:17,21 20:12,17 22:3 26:22 28:6 30:20 52:3,24 55:13 87:23 96:7 99:5 108:17 121:15 122:18 124:9 141:9		insured 114:11
indicative 96:11	ing 11:17		integral 111:13
individual 7:18 32:4 47:1,11 50:8 54:17 61:1 63:9,14 65:2 74:11 76:21 98:19 102:12 104:25 105:16 106:8 106:16 109:17 120:2 120:6	initial 32:3 33:6		integrity 29:7 93:10
individual's 80:5	inpatient 13:2 13:11,15,16 13:24 17:23 18:5 20:5 22:17 32:13 37:24 80:17 94:20 134:3		intelligence 29:13
individuals 6:9 32:18 43:12 49:5 49:19 63:19 66:10 71:24 75:15,18 93:18 120:10	input 129:7		intend 132:23
industry 1:5 4:4 6:13,22 7:10,24 10:2 16:5 23:21 30:2,19,23 33:12,21 35:15 36:11 37:2 42:23 46:2 63:19	inquiry 5:15 inside 68:10 insofar 95:3,7 instances 8:1 44:12 Institute 68:20 69:4 75:4		intensive 8:4 95:15,17
	institutions		intent 67:5 intentionally 111:2 interest 5:14 59:25 60:4 64:25 73:12 interested 145:15

interesting 20:18	68:5 79:8 92:19, 21	134:4	30:7, 8, 13, 15 30:18, 22
interestingly 20:9	94:23 96:20 98:14 101:12	irregulari... 104:1	33:13 34:19 35:25 36:2
interests 8:18 8:20	108:18 114:14	IRS 27:6, 9 28:11 111:18	45:4, 16, 21 46:7, 16, 21
internet 49:6	118:10, 20	issue 5:21 17:7 18:25	48:11 53:10 65:16 66:16
intervention 12:10, 11	122:7, 8, 13 122:19	20:11, 19 21:14 22:5	69:8 74:6 80:23 83:13
interventi... 32:7 81:3 134:14	127:16 129:3 143:2	56:10, 11 57:12, 14	84:15, 19 92:18 93:7
interventions 48:12 51:18 81:4, 11 134:15, 22	Investigat... 132:2	74:11 86:10 88:9 129:5	97:20 114:8 129:22
interview 27:1	investigat... 26:20, 24	131:25 132:9 139:21	132:11 134:9 136:24 138:1
interviews 89:20 122:22	27:11 28:4 28:13 29:3	141:20 144:4	138:5 144:5 145:4, 23
introduce 5:9 24:24	45:18, 23 93:1, 9, 11	issued 103:23	jewelry 109:13
introduced 68:14	investigative 5:18 26:19	issues 8:16 17:24 29:23	job 16:22 19:22 76:13
intrusion 29:3	28:6 45:9 92:7, 10, 25	30:1 38:5, 7 55:22 56:22	81:5 86:6 100:6 130:21
invasion 118:3	Investigator 24:22 26:4	65:6, 10 67:15 88:5	134:16 139:17
invested 109:12	37:6 96:16 99:14 101:23	91:10 93:10 94:6 129:25	142:25
investigate 47:20 93:20 131:21	107:1 115:16 117:11	141:16	jobs 80:25 81:2, 8
investigated 79:2 128:5	129:19 130:23	issuing 129:9	134:11, 13, 19
investigating 90:2	Investigators 44:4	it's 5:23 6:15 7:2 103:7, 12	John 5:12 66:1 67:7, 23
investigation 1:1 5:3, 7 26:13 27:7 27:22, 24 28:12, 23 30:3, 4, 21 31:1, 2, 14, 17 33:11 34:3 34:12, 15 37:9 43:14 45:4, 6 49:17 59:14, 24	investments 115:13 118:8	item 37:8 104:22 105:11	70:3, 23 71:3 71:15
	involved 27:11 28:14 60:4 70:9 127:11	items 106:10 120:24	joining 5:16 joint 107:23 109:8, 17, 23 113:5, 14, 16 113:21 115:9 116:11, 23
	involvement 22:16	Jersey 1:1, 5 1:11 4:4 5:6 6:5 7:25 9:10 10:3, 8 16:24 24:5 26:13 27:22 28:23 29:8 29:11, 22	July 92:22 jump 41:21 42:10 77:25 79:17 114:18
	involving 44:11 131:25		jumped 128:19 jurisdicti...
	IOP 95:18 105:12 106:5 106:6		
	IOPS 80:18		
		J	

29:19	107:8,12,20	16:4,4,6,6,8	35:14 36:12
Justice 93:8	108:3,8,11	16:9,10,17	37:2 95:18
<hr/>	108:23	16:18,21	99:2 104:7
K	110:12,18	17:2,3,5,15	104:13 111:6
Karen 3:6 92:7	113:20 115:6	18:2,6,12	111:12 130:3
92:10,16	115:20,24	19:3,11,20	143:24
keep 8:4 24:5	116:7 117:5	20:10,14,25	<hr/>
38:18,25	117:6,8,19	21:8,9,10,16	L
39:4,8,13	118:11	21:18,20,21	L 1:23 145:2
55:19 85:2,4	119:25 120:8	21:21,23	lab 121:2,3,4
85:7,17,24	120:16	23:8 41:13	121:4
97:2 98:17	121:13 122:7	41:22 42:4	labeled 25:1
100:20	122:16,20	42:11,12,14	laboratory
117:10	123:19 125:1	42:16 55:8	36:17 121:7
124:22	125:4,9	61:16 70:23	Lacey 5:12
138:13,15,18	126:24	78:14,21	lack 23:8
139:3,10	127:19	79:4,11,14	Lackey 5:1,17
keeping 7:2	129:25	79:19,22	24:11 44:7
38:20 97:11	130:24 131:5	82:14,25	91:13,17
121:11	Kingsway's	83:7,12,25	132:15,19
kept 98:21	100:24	85:6,7 87:4	133:4,5
99:11 101:20	106:19 107:2	87:13,20	142:11,12,16
101:24	107:15,19,22	88:3,23	143:13,22
Kevin 1:14	109:4,23	90:24 98:13	Lackey's
5:11	110:12,21	101:18 103:3	143:20
key 96:24	111:24 112:2	103:3 114:20	ladies 132:3
120:20,21	112:10	120:16,18,20	land 78:15
kick 103:13	113:10 115:4	120:25	language
kickbacks	116:2,17,20	122:12 123:1	104:15,18
36:13,15	Kitts 2:5	123:4,6,10	large 53:8
kids 23:1	24:21 26:3	123:24	54:6 66:5
kind 42:9	28:18,20	124:12	112:23
kinda 103:9	34:2 37:8	125:11	large-scale
kinds 123:22	43:11 44:5	126:14 127:1	27:10
Kingsway 97:21	knew 11:12	128:2,25	largely 6:15
97:23,25	20:15	135:25	largest 50:9
98:5,7,8,10	knock 123:9	136:11,18,23	53:4
98:21 99:15	know 10:15,24	137:11	lastly 32:17
99:22 100:14	11:4,6,8,9	138:17,18	33:9 66:14
100:18,19	11:13,18,23	140:15,24	96:7
101:7,11,15	12:7,9,19,20	141:6,14	lasts 105:16
101:17,24	12:22 13:12	knowing 14:8	late 19:24
102:4 103:19	13:12 14:3,6	125:19	20:3
103:21,24	14:16,22	knowledge	laundering
105:10,20,22	15:7,7,17,21	79:16	27:10 28:14
106:15 107:3	15:23,25	known 7:8	111:14,21

118:3,12	67:11	106:10	127:23
Laura 2:10 3:3	Length 68:21	linking 67:3	loan 40:8
27:19 92:6,9	69:4	Lisa 1:18 5:18	109:24 110:2
lavish 8:12	let's 47:12	103:1,15	110:5,9,16
40:16 107:25	67:7 82:7	list 58:18,21	117:25
113:7	84:5,6 87:4	98:17,21,24	loans 109:14
law 7:15 8:22	108:7 113:15	101:24	110:11,13
36:1,24 42:5	135:18	listed 48:9	118:1
49:7 57:14	137:16,17	litigation	local 43:6
57:19 58:11	140:15	145:16	111:19
59:4,10,13	letter 15:6,13	little 6:18	129:12
66:3 67:10	16:4	10:12 11:1	located 48:10
69:2 78:20	letters 14:23	11:10,21	53:6,10
78:22 79:4	letting 128:25	24:16 26:16	68:21
79:11,14,18	level 8:4 33:3	27:4 28:9	location 72:4
79:20 111:7	37:24 41:15	36:19 38:12	locations 51:8
111:17	83:1 96:13	45:13 48:6	logo 51:24
129:13	99:12,13	54:25 62:25	long 10:7 11:3
lawful 132:24	127:7 136:12	69:22 70:8	11:15 17:8
laws 7:14	levels 32:15	82:4 85:3	26:14 27:23
36:22 42:23	liaison 86:5	89:13 93:5	28:24 39:1
74:8	139:16	97:9 102:17	45:5 80:10
laxity 29:5	License 1:24	103:11,12	82:1,2 92:20
lays 119:21	licensed 30:17	109:9 116:25	131:19,24
leadership	65:16 86:22	124:23	133:21
142:23	119:25 124:4	135:15	135:12,13
143:23 144:6	126:7,10	138:14	longer 8:5
leading 144:2	140:8	live 89:3	18:11
learn 52:9	life 16:21	133:14,15	look 10:14
lease 53:18	17:13 59:8	143:18	23:18 31:18
leaving 14:7	Lifeline 67:13	liver 19:25	31:20 43:7
126:19,22	68:7,8,10,18	lives 6:1,12	72:22 93:1
130:17	68:25 70:6	6:24 9:1	103:21
led 5:18 20:1	70:10,13	living 18:16	108:10 109:6
left 5:11	71:4,9	32:18 38:11	113:15,16,19
130:19	lifestyle	38:12,13	114:25 115:5
legacy 24:5	40:16 108:1	39:6,7 61:10	115:25 116:6
legal 1:22	113:7	97:8,9 98:2	123:25
131:17	lifestyles	98:15,16	124:13
legally 8:23	8:13	100:23 101:3	129:20
119:4	light 10:15	101:4 114:3	143:10
legislation	29:5 144:4	115:14	looked 12:3
27:2 42:22	liked 108:19	116:16,17	31:17 34:3
legislature	limited 37:22	117:2 118:7	46:1 47:22
131:22	119:5	124:10,11,13	looking 8:18
legitimacy	line 54:23	125:7 127:17	8:19 15:24

21:8 41:23	27:1 33:21	maximize 38:16	16:15,17
42:15 108:22	43:5,19	meal 100:18	82:23 85:15
117:12	54:19 55:25	mean 10:22	136:9 139:1
lose 85:22	61:22 70:12	12:3 15:23	member 11:6
139:8	70:17 75:9	16:23 21:1	19:23 55:12
losing 5:25	75:13 76:25	21:14 23:19	58:15
loss 21:6,7	86:20 87:13	54:15 61:16	members 5:9
22:12	87:14 96:2	115:18 125:5	11:17 15:9
lot 11:7,9	100:5 103:9	125:14,16	17:10,11
20:11 37:20	123:15	meaning 82:9	48:17 65:8
52:8,11 76:2	125:16 140:6	135:20	memoranda
76:3 77:5	140:24,25	meaningful	26:25
82:25 84:9,9	143:10	8:25	memories 10:21
84:25 96:3	144:15	measures 119:3	mental 12:5
125:1,17,23	management	measuring	55:22 56:22
136:11	66:15 74:17	124:6	mention 103:12
137:20,20	99:25 100:2	Medicaid 18:18	121:9 123:6
138:11	121:23	18:23,24	mentioned 37:2
love 17:12	manager 68:15	19:8 22:4	39:5 49:4
loved 10:5	68:17 100:2	49:14 67:24	66:24 70:18
low 95:3	100:6	67:25 83:9	81:8 96:22
lower 99:13	manipulate 8:3	83:12,14	120:24 126:3
LPN 124:4,5	Marian 1:17	87:11 93:12	134:19
127:13	5:17	94:13,18	menu 23:13
lucrative	marked 26:2	104:16	105:3
35:21,22	113:17 115:2	125:20,21,23	Mercandetti
37:19 54:22	116:4 142:10	136:20,23,25	2:10 3:3
luxury 109:12	marketer 32:6	140:22	24:22 26:4
118:8	46:11	medical 14:5,6	27:17,19
lying 11:10	marketers 86:4	30:9 56:23	37:6 41:8
	139:15	100:1,11	43:1 44:4
M	marketing	104:4,6,10	92:7,9 96:16
main 17:7 21:5	51:13 76:8	104:19	101:23 107:1
49:25 101:13	81:4 86:17	108:13	114:9,12
127:1,16	87:2 134:15	120:18	117:11 120:7
131:5	140:3,13	medically	120:13 122:5
maintained	massive 6:14	20:20 77:1	122:11,23
68:19	match 22:22	Medicare 83:14	123:25
maintaining	90:6	87:11 94:13	124:21
120:18	materials	104:17	126:20,23
majority 54:7	51:16,25	136:25	127:14
93:21 94:25	matter 1:3	140:22	129:19
109:16	5:19 83:2	meet 19:7 65:9	met 68:11
113:10	136:13	67:14 70:10	71:24
116:19	143:19	meeting 68:23	methadone
making 6:16	144:10	meetings 16:8	61:20,20

Michelle 98:5 107:16 110:7 113:13,23 115:10 116:2 116:7,15 123:7 124:3 127:11	50:9 52:10 52:11,20,22 54:10 56:7 57:20 61:12 66:21 69:20 76:4 84:9 92:2 93:3 96:3 101:14 107:3 108:8 108:22,24 109:4,7,16 109:18 110:2 110:15,17 111:21 113:10,25 115:12,20 116:1,18,19 116:22,24 117:23 118:2 118:12 123:18 124:17 125:17,20 127:1 137:20	26:10 62:24 Morris 66:8 71:17,23 73:2,21 79:2 79:9 mortgage 124:3 motion 119:2,6 motivated 33:21 motivation 56:17 63:22 101:13 102:5 127:1 131:6 motives 60:3 mouth 49:7 move 32:14 69:14 114:5 122:13 132:24 142:9 moved 19:12,13 movement 40:14 117:22 movie 12:14 Mullica 97:22 multi 29:18 multiple 81:12 111:10 134:23 musical 10:19	113:1 115:11 115:18,20 navigate 6:20 navigation 48:13 navigators 74:18 near 112:7,25 necessarily 11:9 necessary 8:5 56:5 necessities 39:9 97:12 101:22 117:7 125:2 necessity 14:6 need 33:1,2 39:9 54:17 56:5 62:10 84:21,21 85:18,23 87:5,5 88:13 90:6 95:3,5 138:7,7 139:4,9 140:16,16 141:24 needed 17:24 21:1,3 67:22 97:12 100:1 100:4,12,17 100:18 101:15,22 117:7 123:14 125:2 needing 65:13 95:8 131:7 needs 7:18 70:22 90:14 nefarious 41:6 negative 77:17 negatively 102:1 neglect 45:19 neither 70:19
mid 75:13,24 Miguel 2:19 44:16,18,25 million 107:5 108:4,12,16 108:16 109:9 109:10,11 113:20,23 115:7,8 116:10,13,15 122:5 125:13 130:9 millions 39:22 107:21 mind 30:20 39:8 55:19 97:11 124:22 mindset 15:12 minutes 62:8 105:17 123:2 missing 132:17 mission 29:17 mixing 120:12 mobster 131:25 model 6:25 mom 20:23 102:20 mom's 12:4 13:20 18:11 moment 129:9 momentarily 91:10 monetary 35:13 35:17 67:2 73:25 93:15 money 18:25 27:10 28:14 33:21 35:22 37:20 46:10	monies 40:5,15 107:22 113:4 125:3 130:17 monitor 78:5 monitoring 42:8 month 55:15 81:23 82:19 84:9 85:2,16 85:16,23 95:22 103:10 135:9 136:5 137:20 138:13 139:2 139:2,9 monthly 50:21 51:1 months 70:2 mop 86:15 140:1 morning 5:5 9:23,25	N N 1:16 2:1 3:1 name 9:24 26:9 27:18 28:19 44:24 86:5 92:15 94:2 102:11 113:12,13 139:16 names 98:25 Narcan 30:14 30:16 nation 9:3 nationally 29:21 104:17 nature 112:12	

145:13	118:15,17,23	normalize 18:4	111:25
network 53:9	119:1 123:7	Notary 145:3	occurring
67:9,19	124:1	145:23	34:18 84:12
111:12	Nicole 2:3	note 32:15	91:25 95:1
never 8:7	9:16,18,25	noted 96:3	95:25 97:19
39:20 58:17	night 62:24	notice 112:6	106:18
62:6 88:20	94:4	112:24	137:23
125:12 142:6	nights 61:11	noticed 18:19	October 1:8
142:20	nominal 39:6	notified 15:1	118:25
new 1:1,5,11	98:16 100:23	15:2	offered 95:8
4:4 5:6 6:5	101:9	number 4:2 9:1	95:10,13
7:25 9:10	non-clients	12:6 29:21	99:25 103:21
10:3,8 16:24	58:17	29:23 43:16	offering
17:2 24:5	non-clinical	52:7 55:15	101:17
26:12 27:21	65:5	67:4 122:10	offers 65:5
28:23 29:8	Non-Profit	122:12	office 30:8
29:11,22	2:17 61:8	numbers 30:12	67:16 89:18
30:7,8,13,14	non-profits	83:22 84:1	officer 87:2
30:18,22	80:19 81:7,9	128:1 137:8	140:13
33:4,7,13	81:11 84:11	137:12	offices 95:6
34:19 35:25	84:13,15,16	numeric 104:7	official 93:2
36:2 38:4	84:18,21,23	numerous 8:16	officials 69:2
45:4,16,21	87:13 134:5	27:9 66:18	oh 14:25 21:17
46:7,16,21	134:18,20,22	67:16 104:23	124:14
48:11 53:10	137:22,24	130:20	OK 103:9
65:16 66:16	138:1,2,4,7	nurse 100:13	okay 11:19
69:8 74:6	138:9 140:24	124:4	12:22 13:23
80:23 83:13	noncovered		26:8 27:14
84:15,19	14:16	O	42:19 43:8
92:18 93:7	nonprofit	O 1:13	44:1 60:2
97:19 114:8	34:21,23	o'clock 62:24	79:24 82:18
129:21	43:22 47:13	oath 76:11	84:6 85:22
132:11 134:9	47:14,17,23	89:12,17	90:24 114:22
136:24 138:1	48:10 64:7	observation	128:24 136:4
138:5 144:5	64:15 66:8,9	105:14	137:17 139:8
145:3,23	71:18,21	obtained 8:11	once 11:18,25
newsletter	73:6,17	obviously	13:23 31:19
51:13	84:25 93:18	15:17 23:2	33:7 68:10
nice 124:15	94:16 138:11	61:12,19	71:9 73:9
Nicholas 97:24	nonprofits	84:2 89:20	109:4
98:4 101:13	32:8 35:3	137:13	one's 83:11
107:12	44:12 46:24	occur 34:20	136:22
108:18 110:7	47:11,12,20	81:17 89:11	ones 17:12
113:13,22	93:21	135:3	131:8
115:1,7	nontaxable	occurred 100:8	ongoing 129:3
116:11,23	110:7	105:20	online 18:21

89:2 91:15	56:12 67:11	outset 78:19	134:15
91:15 133:7	93:19	outside 9:10	owner's 40:16
133:11	organized	18:4 41:24	94:10
open 10:23	12:12 29:3	73:7,11	owners 37:20
11:9 43:18	45:10,23	76:16,19	38:16,24
85:3,17,24	93:1	100:5 123:15	39:22 97:1
123:21	originate	overbilling	97:13 125:19
138:14 139:3	116:18	39:19 105:1	130:16
139:10	originating	125:11	131:10
operate 7:14	115:22	overcome 6:23	owns 97:23
operating	origins 57:25	8:16 9:12	
130:18	out-of-net...	overdose 6:2	P
operations	83:16,17,19	33:10 66:2	P 1:16,16
40:17 98:9	137:2,3,5	74:12	p.m 144:20
108:1 113:8	out-of-pocket	overhead 95:3	page 2:2 3:2
116:25	14:2,12	overlap 98:18	4:2 17:19
operators 6:17	20:15	overlapped	paid 48:15
7:24 8:10	out-pocket	99:22	51:9 57:6
opiate 13:5	20:14	overlapping	66:18 69:4
opiates 13:5,9	outcome 145:16	39:21 96:6	72:16,19
opinion 122:21	outpatient	123:13	75:20 77:6
opioid 23:11	12:6,16,20	overnight	81:25 84:17
29:16	12:25 13:2	94:20 95:4	84:20 108:20
opioids 6:1	13:10 16:7	102:17	120:16
opportunity	18:8,9 19:6	Overseeing	135:11 138:3
56:18	19:8 22:17	74:18	138:6
options 22:18	22:25 31:8	overseen 65:17	pandemic 19:13
23:6,20	32:14,16,19	oversight	19:18
74:16	37:9,12,13	42:12,18	panel 24:19
order 5:2	37:16,18,25	78:7 125:23	39:11,18
36:24 38:15	39:16 40:1	126:14	40:19,23
41:12 54:11	43:23 46:3	127:24	43:4 44:6,8
57:9 58:8	85:3 91:22	overturning	45:25 46:23
59:13 63:7	92:1 93:24	126:18	64:11 76:2
82:4 99:6	93:25 94:3	overview 24:15	88:24 91:3
101:15 104:3	94:23 95:10	overwhelmed	91:18,20
119:15	95:17,21	6:20	119:17
135:15 144:4	96:1,21	owe 82:20,21	127:25
organ 20:1	103:6 105:18	136:6,7	129:15 132:7
organization	108:2 129:21	owing 82:13	panels 128:1
34:21,23	130:1,3	135:24	parentheses
47:23 48:10	131:3 138:14	owned 98:4	72:22
63:25 142:24	outpatients	owner 81:4	parents 18:25
143:10	80:18 134:4	107:12,15	103:3
organizations	outreach 76:8	121:22	parents' 13:19
29:19 36:23	86:4 139:15	127:13	part 57:10

59:15,18	88:6 91:16	pattern 40:9	33:15,19
72:9,13,22	93:13 95:1	112:11	36:23 47:3
79:6 111:13	95:19,23	patterns 42:24	47:17 49:10
116:21	96:12 97:5	pay 7:22 36:15	56:12 58:12
127:18	103:18 104:9	38:9 50:21	58:22,25
partial 95:13	105:10,17,21	53:20 59:1	63:20 64:17
participating	124:5,7	70:1 82:4	64:22 65:8
23:19	134:25 135:2	91:24 102:24	65:13 67:14
particular	135:16,21	103:2,5	71:18,24
60:20 63:13	137:7,21,22	106:15	74:22 76:9
91:22 105:20	139:11	109:10,13	76:12,23
143:3	141:17	124:16	78:5,7 79:1
particularly	patient's	130:18	82:9,23 83:6
18:18 132:10	65:11 90:6	135:15	83:8,10
party 145:14	96:3	paying 14:2	84:16,19
passed 10:8,9	patients 7:2	61:14 64:19	85:20 86:22
46:15 66:1	7:10,17 8:2	66:12 71:19	87:8,15,21
passing 87:23	8:4,11,18	72:20 74:1	90:8 93:14
141:9	24:16 31:5,7	75:17 103:13	98:6 102:16
path 12:22	34:13,22	143:18	124:15
31:18 32:1	35:5,11,13	payment 36:5	126:14,15,19
32:24 33:17	35:20,23	payments 7:6	127:5 128:1
patient 7:8	36:8 41:17	33:6 38:22	131:7 132:4
11:6,8 31:3	49:21,22	50:17 53:18	135:20 136:9
31:4,11 34:4	54:21 56:13	71:6,11 74:1	136:17,19,21
34:5,6,12,18	56:19 57:9	74:3 96:23	138:2,5
35:9,10,18	58:2 59:10	110:6 117:25	139:6 140:8
36:1,10,20	64:7 65:9	118:9 130:11	140:19 141:1
36:22,25	66:19 67:4	payoff 7:12	141:7
37:1,11,22	68:8 69:14	payouts 38:3	people's 65:11
43:23 44:9	70:10,22	99:9	percent 54:1
46:2,6,7,8	71:5 73:15	payroll 53:19	87:1 124:21
46:11,12,20	74:14 77:3,6	53:23 120:17	140:12
47:10 53:20	77:8,10	pays 35:23	percentage
54:16,19	81:23 82:16	52:10 54:24	53:23
57:16 58:7	82:17,20	83:17 137:3	perform 60:22
64:12 66:24	86:18 93:15	penalties	performance
66:25 68:14	94:5,12,19	111:17	72:19
73:22,25	95:8 98:11	Pennsylvania	period 14:9
74:8,15,15	100:15	66:11 69:8	33:4,7 37:21
74:18 77:16	101:24	69:25 72:4	93:8 107:8
78:20 79:11	122:16,20	people 5:25	107:21 116:8
81:14,16	125:20	6:3,17,23	125:14
82:5,10	130:21 135:9	8:16 17:25	130:10
83:21 84:10	136:2,3,6	29:21,24	periodic 14:6
84:11 85:25	140:4	30:23 31:19	periods 8:6

person 12:25 13:1,10 22:24 23:5 32:10,25 33:3,23 34:8 36:4,7 54:18 60:10,13,14 60:15 61:3 63:5 86:1,25 87:1 88:4,14 90:14 108:2 111:1 121:11 139:12 140:11,12 141:15,25 person's 55:22 61:5 personal 40:6 107:23 109:8 109:24 110:19 112:11 113:5 113:22,24 115:1,8,10 116:8,12,24 117:19 120:21 130:11 144:13 personally 5:22 23:25 persons 41:18 persuade 41:9 99:7 101:18 117:8 persuading 99:10 pertaining 45:18 Pflugerville 68:21 Philadelphia 51:9 132:1 philosophy 87:6 140:17 phone 62:14	PHP 80:17 95:14 134:3 physically 18:22 picture 12:13 pictures 10:15 piece 133:13 pills 6:8 7:20 Pinsky 1:23 145:2 place 13:13,13 41:11 78:13 85:17,24 88:14 101:20 119:12 139:3 139:10 141:25 145:11 placed 51:24 placement 70:21 placements 56:17 places 18:13 18:22 80:14 83:3 87:7 88:19 133:25 136:14 140:18 142:5 plane 59:16 plans 83:9 87:9 136:20 140:20 play 60:25 77:14,22 80:2 102:9 133:16 played 10:19 61:8 80:8 102:14 121:1 127:17 133:19 players 7:9 please 89:5 91:24 92:3 pleasing 15:9	pluck 18:2 plucking 18:2 plus 10:7 66:12 point 11:12,12 12:15 13:18 14:21 15:21 16:5,10 18:11 20:3,6 22:8 24:14 32:3 33:17 77:25 132:14 144:12 pointing 132:12 points 31:17 32:6 police 45:22 67:16 policies 47:5 64:18 76:3 policy 23:7 78:13 83:16 88:7 137:2 141:18 portion 15:3 31:13 72:16 105:8 posing 68:24 position 66:15 73:16 74:17 positions 43:24 positive 96:10 possible 82:22 125:3 136:8 possibly 127:2 potential 5:14 95:7 118:12 potentially 8:1 power 132:2,23 powerful 23:2 23:21 PowerPoint 4:3 powers 131:20	Practical 124:4 practice 7:8 7:14 56:8 69:18 102:2 practices 8:1 38:15 39:16 39:22,25 40:2,18 42:4 103:22 107:2 107:20 108:25 116:21 120:23 predominantly 58:3 124:2 preferred 23:7 premises 94:5 121:5 prepare 26:25 prepared 68:16 99:3 prerecorded 2:17 3:9 61:7 77:19 80:7 102:13 133:18 prescription 7:20 13:4 presence 119:5 present 118:21 presentation 142:9 presided 144:13 presumptive 105:13 pretty 12:11 20:2 previous 57:13 previously 33:18 49:4 75:4 89:11 93:8 96:22 116:9 primarily
---	---	--	--

49:21	probably 19:20	profitable	prosecutor's
primary 88:8	20:21 61:22	38:18 125:15	67:16
88:15 114:2	80:13 133:24	131:4 132:11	protect 29:6
141:19 142:1	problem 11:13	profits 7:4	61:6 80:4
prior 27:3	11:18 62:6	38:16 131:5	102:11
28:8 29:9,12	82:18 136:4	program 20:5	proud 132:22
45:12,15,21	problematic	67:17 74:18	132:22
79:19 93:4	70:15	85:4 93:10	provide 36:6
123:5 145:4	problems 8:22	95:14 138:15	38:10 39:5
prisons 67:15	procedural	programs 32:8	41:3 50:4,25
private 7:21	104:6,12	32:19 49:8	56:5 58:5
13:20 22:1	procedures	51:17 65:12	60:5 96:10
31:9 33:3,6	124:8	71:25 74:11	98:14 124:5
34:22,24	proceed 91:13	75:16 80:17	124:18
35:4,6,14,23	proceeding	80:18 134:3	provided 8:7
37:11,14,16	129:14	134:4	49:25 50:2
38:9 45:20	144:19	progress 33:2	50:10 52:24
47:3,5 49:10	proceeds 98:8	39:13 99:6	57:7 58:19
49:15,20,21	108:12	99:15,18	66:16 71:22
50:10,13	113:11 115:4	progressed	71:22 90:4
52:8,9,14,15	115:23 116:2	99:13	97:7 100:14
52:21 53:14	116:20 130:5	progresses	101:5,8,8,9
54:4,7,22,24	131:3	95:20,23	101:16,22
55:3 56:3	process 6:21	progression	104:9 105:10
57:3 58:9,10	11:3,15,15	31:4	provider 23:19
60:2,9,15	11:19,22	prohibit 74:9	providers 23:8
61:3 63:9,11	12:2 17:8	prohibited	108:15
63:18,21	21:9,12	57:15 59:11	provides 48:12
64:16,17	24:17 29:7	111:16	117:6
66:5,10 68:1	32:22 41:5	prolonged 8:6	providing
71:7,14,18	47:19 78:13	promised 60:18	24:12 37:21
72:2 73:15	129:13	69:14	38:23 55:6
74:3 75:3	144:16	promotion	56:8 96:25
76:1,3 83:8	produced	51:12	126:12
83:19 87:9	103:25	promotional	provision
88:7 91:21	productive	51:16,25	127:12
91:23 92:1	6:24	promotions	128:23
93:15,24,25	products	51:13	provisions
94:11,23	104:14	properly 70:21	128:21
96:24 108:13	profession...	106:3	psychiatric
120:12	132:8	properties	86:10 88:5,9
136:19 137:5	professionals	109:15 118:6	88:15 139:21
140:20	8:17 56:23	proposition	141:16,20
141:18	profit 47:15	95:2	142:1
privilege	profitability	prosecuting	psychiatrist
144:13	132:12	118:12	120:3

psychother...	61:13 78:13	raise 56:16	51:22 52:2
119:24,25		rally 17:20,20	52:17 54:4
126:4		rampant 5:24	59:6,15,19
psychotherapy	Q	ran 61:12	66:22 72:4
105:16 106:8	qualified	102:6	72:10 73:2
public 1:4 5:1	87:16 141:2	range 49:13	75:6,23 96:7
5:8 16:18	quality 7:21	rapid 40:13	116:1
27:11 67:10	41:16,19	117:22	receiving
67:19 89:13	126:2	rate 41:15	33:22 46:25
118:25 119:2	quarter 51:10	84:4 137:15	47:2 48:2
128:25 129:1	quarterly	rates 83:13	65:23 70:11
129:2,4,14	50:22 51:1	136:24	71:6 73:25
132:16	quarters 51:10	rating 41:22	receptionist
142:19,20,22	quash 119:2	ready 89:3	68:12
143:1,4	Quest 75:5	91:13,14	recess 91:12
145:3,23	question 42:20	101:25	reckless 60:22
public's 89:8	43:10 90:2	real 17:12	recognized
pull 100:3	114:5,19	reality 6:25	104:17
124:25	119:8,17	realize 13:7	recollect
pulled 123:16	128:16	really 10:20	78:20
pupil 102:23	questionable	10:21 11:7	recommenda...
purchase 54:10	38:15 39:16	16:9,15 17:4	43:5
59:9,16	39:21,25	17:19,24,24	recommenda...
118:5	40:1,17 42:3	18:1,6 19:11	27:2 79:23
purchased	91:25 107:20	20:22 23:12	recommended
34:24 58:16	108:24	41:11 42:8	13:2
58:23	116:21	62:2 85:23	record 9:24
purchases	120:23	95:5 102:19	24:25 27:18
109:11,14	questions	103:7 139:9	44:24 89:7
113:25 114:1	20:16 22:9	reason 128:19	92:15
115:13 118:9	23:24 40:23	reasoning 18:6	recorded 89:11
120:12,12	42:3 44:2	reasons 85:18	89:20
purchasing	56:16 68:12	139:4	recording 61:1
59:11	77:23 79:20	rebate 36:7	124:6
purpose 111:3	80:1 88:23	rebuild 6:12	records 26:25
purposes 40:8	88:23 89:1	recall 14:5	50:8 53:13
47:15 89:8	91:5 118:19	recalled	103:25
121:11	122:2 128:12	133:10	106:19,21
pursuant 26:20	128:14,15	receive 7:17	107:11,14
pursue 132:17	129:6,15	36:5,6,25	110:11,13
pushing 23:15	131:14 132:5	50:14 51:12	120:19
put 85:8	quote 72:18	55:13 72:22	recover 6:11
103:11 131:6	quoted 42:22	94:5 107:4	7:19
138:19		129:7 144:8	recovery 6:13
142:21	R	received 15:6	6:22 7:10,24
putting 34:9	R 1:13,16	35:13 48:24	8:17 31:20
	145:1		

32:1, 4, 5, 25	75:7, 8, 10, 17	referred 13:11	122:3, 14
35:1 36:13	75:20, 22	34:8 51:7	123:20
36:16 43:12	76:5, 6, 10, 18	52:5 54:8	reiterate
44:11 47:2	77:4, 6 78:1	55:4, 6, 18	143:20
47:11, 18, 22	78:10 87:14	60:20 63:14	relapse 7:4
47:25 48:1, 5	90:3, 5, 9, 11	66:19, 22	33:10 37:23
48:7, 9, 14, 16	93:19, 22	69:18 70:13	96:11
48:19, 21, 24	97:21, 23	73:3 75:19	relapses 32:21
49:2, 4, 11, 25	102:12	76:23 93:23	33:1 97:16
50:5, 7, 14, 23	105:20	118:11	relapsing
51:6, 9, 12, 15	123:23 127:5	referring	32:24
51:17, 25	127:6 130:20	35:13 55:10	relate 40:2
52:2, 4, 14, 21	140:25	62:15 64:7	65:7 108:24
52:22, 25	Recreate 53:8	64:22 71:18	related 28:15
53:3, 12, 25	59:7	73:13, 25	45:23 47:24
54:7, 9 55:2	recruited 68:8	77:7, 9 87:21	53:5, 9 59:7
55:8, 9, 14, 16	recused 5:14	141:7	59:17 68:13
55:19, 20, 25	red 106:10	refused 17:12	77:16 93:1
56:2, 3 57:1	111:20 118:2	17:22	104:23
57:5, 8, 10, 18	refer 66:9	regarding	110:25
57:20, 23	71:9 72:2	31:13 58:3	121:12
58:5, 7, 13, 15	88:13 141:24	65:23 70:17	relates 49:17
58:15, 18, 22	referral 12:6	regards 119:11	relating 36:10
58:24, 25	34:22 35:18	128:16	36:19 93:9
59:1, 6, 8, 12	35:20 36:8	regulations	111:24
59:18, 21, 24	46:12 54:16	40:11	relation 84:12
60:7, 11, 16	54:20 60:3	regulatory	137:23
60:17, 21	64:1 72:20	42:7	relationship
61:2 63:5, 6	72:23	rehab 61:18, 18	41:1 68:19
63:15, 25	referrals	61:24 62:21	78:3
64:13, 14, 19	36:16, 25	121:11	relationships
64:22, 25	47:1 48:3, 25	rehabilita...	17:18 69:2
65:3, 4, 7, 15	50:2, 5, 25	1:5 4:3 6:21	relatively
65:19, 23, 25	52:2, 6, 15	23:9 24:17	37:21 95:3
66:7, 14, 22	54:13, 14, 21	30:2 33:20	released 31:15
67:1, 13, 18	55:2, 13, 15	41:5 46:2	remain 6:6
68:7 69:1, 25	56:9, 25	126:8	44:6, 17
70:4, 6, 14, 16	65:24 66:13	rehabs 7:1	72:23 132:15
70:19 71:16	70:9, 17 71:7	reimbursement	reminder 96:17
71:23, 24	75:6, 23 76:2	83:13 136:24	rendered 39:20
72:10, 16	85:8, 13, 22	reimburse...	96:5 105:25
73:2, 7, 13, 16	87:14, 15, 17	117:25	125:12
73:18, 21, 24	93:21 138:19	Reina 1:14	Rennert 2:8, 14
74:6, 10, 13	138:24 139:8	5:12 78:18	24:21 26:3, 8
74:13, 17, 19	140:25 141:1	78:25 79:7	26:10 34:2
74:24, 25	141:3	79:13, 24	36:18 43:11

43:15 44:5	18:16 22:21	15:11,17	95:5
44:10,16,19	researching	return 31:7	rooms 65:9
47:9 63:13	18:10	33:1 34:21	rope 21:17
64:3 70:19	reset 18:3	35:11 46:12	ropes 23:4
91:6	reside 98:7	46:25 48:3	rough 62:3
rent 50:17	residence	51:1 52:17	round 112:23
71:13 101:8	114:2 115:14	54:5 65:24	rules 121:1
103:2,13	residences	93:16	ruling 119:11
117:1 124:23	118:6	reveal 114:14	run 17:11
RENZI 1:22	residential	revealed	98:22
reoccurring	94:19 95:4	102:11	running 98:18
99:19	residents	revenue 49:23	99:1 101:24
repairs 53:19	117:1 125:8	53:24 54:1	124:10
repayment	127:20	95:7	runs 39:2
110:3	resign 73:10	review 53:12	
repayments	resistant 12:8	103:25	S
40:8 109:25	18:5	106:19,20	S 1:16 4:1
110:5,9,16	resisted 17:22	130:24	sad 83:12
report 31:14	resolutions	reviewed 40:3	136:23
42:16 79:23	26:21	reviews 99:2,3	salaried 35:4
111:5,8	resources 1:22	99:6	salaries 53:17
114:14 128:8	48:13	right 5:10	54:1 65:24
129:5,9	respect 42:3	13:18,22	66:5 67:2
143:4	43:3 127:15	16:6 17:3	71:12 77:7
reported	respectively	29:20 31:22	84:20 130:19
114:15,17	25:2	34:11,17	138:6
128:18	responsibi...	44:3 45:1	salary 47:2
Reporter 1:23	111:14	50:4 62:21	66:12 72:17
145:3,22	responsive	77:11 93:4	74:2 81:21
reporting	99:20	102:8 103:15	81:24 135:7
40:12 42:6	result 8:14	108:22 109:2	135:10
111:3,16	33:10 106:20	115:16 125:3	sample 105:15
112:4 117:21	107:19	125:16 129:9	121:10
represents	118:10,19	130:6 131:11	Sanctuary
105:11	resulted 43:5	133:16 142:8	130:4,8,15
require 32:12	48:4	River 66:2	130:25 131:5
required 65:19	results 96:10	road 12:21	saw 11:2 34:20
111:8 123:4	resume 91:10	Robert 1:15	34:23 35:1
143:4	91:16 100:5	5:10	54:9 59:6
requirement	123:14	role 16:19	64:12,14
40:12 111:4	retained 4:7	26:18 28:2	89:16,17
112:13	retirement	29:1 45:8	94:25 101:7
117:21	29:13	76:6 78:8	119:24
requisite	Retreat 68:22	92:24 127:16	saying 14:5
126:15	69:5	room 1:11 5:22	21:17 62:13
research 18:15	retrospect	61:11,14	87:25 100:16

103:5 117:9	69:9 72:7	89:8 98:14	98:19 99:23
123:12	105:6 108:7	125:11 135:2	99:25 100:1
124:20	111:23	135:17	100:7,12
141:11	112:20	137:22	101:5 103:20
says 36:3	113:17 116:4	138:23 142:6	104:8,14,23
72:18,23	screening	select 41:20	104:25 105:9
76:11	105:14 106:7	send 64:1 87:5	105:23,24
scenario 20:14	seamless	140:16	108:21
33:9	144:16	sending 56:3	123:13
scenarios	searches 18:20	82:15,22	125:10,12
35:16	100:6	83:3 84:25	126:12
scheduled	seated 24:24	136:1,8,14	127:12
118:17	second 37:7	138:11	servicing 30:22
scheme 44:11	secondary	sends 54:17	session 98:20
scholarship	88:16 142:2	82:10 135:21	100:3,8,11
72:25	Secrecy 27:11	senior 66:15	105:16 123:2
school 16:25	111:4	74:17 142:23	123:14,16
51:16	secret 5:24	sense 126:22	132:16
SCI 2:22 8:23	section 29:14	127:22	sessions 39:12
9:15 24:21	secure 119:4	sent 16:4	99:21,25
26:15 27:3	see 12:24	64:17 66:6	106:8 122:25
27:25 28:8	18:20 22:21	68:2,5 82:19	123:3 126:6
28:24 29:9	23:12 53:13	85:15 86:8	set 39:10 66:2
30:3 31:1,2	62:9 69:9	105:9 136:5	67:12 88:6
33:11 34:18	72:15 74:14	139:1,19	96:12 101:1
37:8 39:15	90:14 98:7	separately	141:17
44:15 45:8	100:12 103:8	105:24	145:12
45:12,15	106:18	September	setting 105:18
46:1,20	108:14 109:3	118:23	settled 16:19
47:20 49:16	109:7,21	series 68:12	seven 48:22
49:24 51:21	110:16	110:24	82:19 136:5
52:12 55:1	113:18 115:3	served 29:14	severe 13:1
59:14 64:12	115:6 116:5	45:21 118:24	19:25
65:23 68:5,6	116:22	132:13	share 9:8 98:6
68:17 69:3,6	117:17 125:7	service 49:25	she'd 13:3
70:8 71:10	seeing 42:25	50:23 95:4	16:7,8
76:11 77:14	43:3 89:14	100:2,10	She'll 9:9
92:5 93:4	129:2	services 7:18	shed 29:5
103:1,15	seek 32:13	8:7 29:12	sheriff's
131:1,19	seeking 32:3	30:23 38:10	67:14
132:22	41:18	39:19,20,21	shit 86:21
143:24	seemingly 9:10	41:19 45:16	140:7
SCI's 34:3	seen 34:12,15	66:17 68:7	short 36:14
106:19	77:16 81:16	69:1 71:23	37:21 39:12
scourge 9:3	82:6 84:11	95:8,13 96:4	98:20 102:9
screen 51:4	85:12 88:20	96:5,7 97:3	122:25

shorter 89:18	situation 14:5	sophisticated	141:2
shortly 19:12	47:13, 16	7:13 44:11	specifically
19:18	62:22 78:2	66:23	31:3 37:10
shot 19:11	79:2 119:22	sorry 14:25	42:13, 17
show 25:1	124:13	21:6 22:12	60:23 75:21
142:9	six 45:7 48:17	69:18 79:5	83:16 87:14
showed 59:14	70:2 95:15	87:11 140:22	90:3 102:5
showing 53:23	95:16 125:8	sort 12:10, 15	111:23 137:2
105:7 112:21	sixth 101:4	13:6 16:19	140:25
shown 105:21	sleeping 95:4	17:20 18:1	specimens 96:9
112:1	slide 25:1	20:11, 18	spelled 64:24
shows 51:6	103:10 142:9	21:17 42:6	spent 53:25
112:22	Slides 4:3	119:21	57:20, 20
shutting	smart 10:17	sorts 15:8	109:12
130:19	smoke 62:19	Sounds 114:22	130:10
side 11:6, 6	sober 7:2	source 2:22	spoke 22:24
77:7	31:10, 13	43:19 68:6	43:15, 16
signatures	32:17 38:12	68:11, 18	54:13 57:13
68:16	38:13 39:7	77:14, 18	60:10
signed 35:25	41:2 46:4	80:3 89:22	spoken 43:11
69:24 103:4	86:1 97:9	102:3, 6, 10	78:12
significance	98:2, 16	115:22	sponsorship
110:1 117:14	100:24 101:3	source's 77:20	50:17, 18, 20
significant	101:4 107:15	sources 43:21	51:7, 20, 23
33:5 55:24	114:3 115:14	89:9, 19	staff 51:18
59:20 109:7	116:16, 17	sources' 89:10	91:9 126:18
118:9	117:2 118:7	space 18:16	131:17
signs 9:4	124:10, 10, 13	speak 9:9	132:20
11:10 124:6	125:6 127:16	17:13 43:21	142:20
similar 35:10	127:23, 23	90:14 104:19	143:21
35:12 47:21	128:4 139:12	122:15, 19	stages 68:4
70:18 71:4	sobriety 16:16	speaker 16:18	stairway 62:12
73:21 77:2	95:23	speaking 16:16	stakes 9:4
simple 63:22	society 29:4	20:25 30:25	standalone
simply 31:4	solutions 8:25	special 26:19	82:8, 16
54:16 104:21	75:1, 14, 23	27:6 28:11	135:19 136:2
130:5	75:25 76:12	28:18, 22	standard
single 104:22	76:14	29:2 45:3, 9	105:15 106:6
111:11 112:5	somebody 87:25	143:8	star 102:23
sister 9:9	141:11	specialists	start 11:10
10:6 12:25	someplace	86:4 139:15	103:7 125:15
14:8 21:10	121:12	specific 7:10	143:21
21:24 23:14	soon 9:4 40:14	46:16 50:25	started 5:9
24:6	68:14 82:22	54:18 56:21	10:24 13:17
sit 62:23	113:3 117:23	70:22, 24	16:21 17:4
situate 90:15	136:8	71:2 87:16	19:13 101:2

125:7	statute 36:1,2	29:15	successful
starting 12:21	36:3,4,9,12	strict 111:17	99:9
state 1:1,10	36:14 46:14	structured	suffer 33:18
1:10 5:3,7	46:17	110:22,24	suffering
5:25 8:17	statutes 36:10	112:3 117:20	29:24,25
9:2,23 19:12	statutorily	structuring	31:19 32:25
19:13,19	119:4 143:4	27:12 40:11	33:15,23
20:10 22:3	statutory	110:23	suggests 41:6
24:4 26:8,13	42:21 89:24	111:20,25	124:9
27:18,22,23	131:20,21	112:15 114:6	suited 56:14
28:19,23	132:21	117:15	56:21
29:8,12,22	stay 20:20	128:17	superior 47:4
30:5,7,9,18	61:16 82:2,3	struggle 9:8	supervised
30:22 33:12	94:4,19 97:6	10:7 11:2	13:3 45:17
34:19 41:15	98:12 117:3	18:14 19:10	45:22,24
41:22 42:7	119:12,14	20:16	supplied 52:4
42:11 43:6	135:13,14	struggled	support 65:5
44:23 45:4,5	stayed 57:2	10:12	66:17 69:1
45:22 46:16	staying 19:22	struggling	71:23 74:10
46:21 65:16	stays 8:2	8:12 10:5	suppose 16:10
65:17 74:20	steady 95:7	19:1 30:24	23:15
83:13 84:19	101:15	65:2,8,10	supposed 6:11
92:15,18,21	steer 7:10	student 109:13	56:13 60:8
93:14 94:15	stenograph...	stuff 61:14	123:3
97:19 111:18	145:11	subject 112:14	Supreme 131:24
129:13 132:1	step 24:9	submitted 99:3	sure 10:14
136:24 138:5	31:25 44:5	108:13	43:1 45:15
144:5 145:3	91:6 95:17	subpoena	46:10,24
state's 42:18	steps 60:17	118:24 119:3	54:14 65:25
stated 31:18	stigma 11:5	119:12,13	78:5 82:3
34:2 39:24	stop 21:1,3	131:25	88:19 129:10
44:10 64:11	38:22 85:13	subpoenaed	131:18 133:5
74:6 99:14	85:13 96:24	110:12	135:14 142:5
99:22 101:23	138:24,24	118:21	surrounded
115:17	stops 38:21	144:11	17:24
118:17	96:23	subpoenas	suspected 30:6
statement 2:17	story 22:12	103:23	suspicious
3:9 61:8	straight 61:16	131:19	40:9 110:17
80:7 102:13	61:25 62:9	substance 5:24	112:11 113:1
133:18	strategic 67:5	48:12,14	114:15
states 6:16	stream 95:8	substances 6:9	swapping 83:11
36:4 42:12	101:16	7:20	136:22
53:6 79:21	streaming 89:3	substituted	switch 37:7
84:15,19	91:15 133:15	17:6	sworn 9:17,19
131:24 138:1	143:17	succeed 39:11	26:5 44:19
138:5	street 1:10	success 43:19	48:20 58:14

58:19 77:19	47:12 64:10	36:18 45:12	Texas 68:21,22
92:11 96:17	67:7 91:21	46:8 60:13	thank 5:7 9:14
145:6	100:22 108:7	62:11 71:1	22:7 23:23
symptoms 99:18	talked 39:24	74:7 93:5	23:25 24:4,7
system 6:10	41:2 47:9	103:9	24:8,9,11,12
7:12 23:16	49:9 71:16	tells 62:14	24:20 40:20
62:10 66:16	121:3 126:3	ten 58:23	40:24 41:25
74:7 75:7,12	143:5	82:19 136:5	43:8 44:1,3
75:16,19,24	talking 14:10	tenure 45:17	44:7 64:2
76:15 77:9	15:15 49:17	term 23:8	77:11 78:17
78:12 86:3	83:6,18,25	terminated	79:24 90:18
104:12	85:6 87:13	70:1 71:10	91:7,11,15
120:19	101:18	terms 11:23	91:17,18
139:14	128:17	17:9,19 21:8	92:14 106:23
systemic 8:22	136:17 137:4	22:19 30:2	119:16,20
systems 77:5	137:11	41:1,16,22	121:8,24
104:17	138:17	42:11 46:20	122:3 128:6
	140:24	49:10 57:20	128:9 131:11
	talks 74:13	80:21 82:13	132:7 133:1
T	tamper 96:9	84:11 89:15	142:17,17,25
T 4:1 145:1,1	tampered	89:18 90:6	143:12,14,16
tailored 23:9	121:10	114:19	143:18,22,23
take 21:17	task 29:17	119:23 120:9	143:25 144:1
22:4,25 23:1	tax 27:10	126:1 134:7	144:2,6,12
31:19 34:15	28:14 40:8	135:24	144:15,16
43:7 60:24	45:11 110:5	137:22	thanks 89:4
61:19 89:3	111:21 118:3	testified 9:19	128:25
91:8,23	118:13	26:5 44:20	142:15,24
92:25 97:1	taxes 53:19	55:12 76:10	143:8,10
108:10 109:6	taxis 53:21	78:19 92:11	that's 6:11
113:15,19	taxpayer 29:6	testify 24:22	7:23 63:2
114:25 115:5	93:3	92:8 118:24	theoretically
115:25 116:6	team 5:18	145:6	6:22
119:3 125:20	143:9 144:3	testifying	therapist
129:8 131:18	technical 89:2	24:3	123:9
takeaway	91:9 133:6	testimony 22:7	therapy 39:12
120:20,22	technically	22:14 24:13	98:20 99:21
taken 8:10	132:15	40:21,25	99:24 100:3
15:20 21:11	techniques	44:4 48:20	100:8,11
91:12 145:10	26:23 28:7	58:14,19	105:12
takes 127:6	telephone	77:20 78:21	122:25 123:1
talented 10:17	53:18	89:10 119:20	123:3,13,16
talk 10:2	tell 10:11	133:11,13	126:6
24:16 29:21	11:1,21	145:10	they're 61:23
30:1 31:23	22:22 27:4	tests 8:3	thing 12:13
37:7 42:4	28:8 29:9	124:7	14:14 15:18
44:8 46:5			

16:1 23:2	125:14	10:2 31:11	44:10 66:25
46:6 62:3	threshold	31:23 40:25	71:4 73:22
88:1 89:6	111:16 112:4	42:16 46:23	traditionally
96:24 103:5	ticket 57:16	79:21 117:17	34:6
141:12	tickets 34:24	118:21,25	trafficking
things 15:8	47:1 53:20	119:13	29:16
17:2,4 19:20	54:11 57:4,6	125:11 129:6	tragic 9:8
31:22 39:11	57:21 58:16	132:7,25	22:12,14
61:17 125:13	58:23 59:9	133:14	trained 114:16
143:3,5	59:11,16,20	143:11,17	training 86:23
think 11:4	64:8	144:2	86:24,25
13:6 14:15	Tiffany 1:14	told 14:25	90:5,7,11,16
15:17,21	5:6	21:1,3 60:11	90:20,20,21
16:11,20	tight 69:1	60:14 62:16	90:22,25
18:18,20	time 1:9 6:18	62:25 68:17	126:16 140:9
22:4 86:2	9:15 12:5,17	76:19 103:19	140:10,11
87:21,22	13:5,21 15:5	110:14	trainings
88:1 114:20	15:13,23,25	Toms 66:2	90:12
126:2 133:5	16:22 17:18	top 75:11	Tranquil 75:4
133:8,13	19:4 24:23	108:15	transaction
139:13 141:7	26:1 37:21	tort 11:16	110:24 111:1
141:8,12	38:3 45:22	tortured 12:1	111:5 112:9
thinking 15:19	61:7 62:3,17	17:17	117:15
62:20	64:17 66:17	total 108:16	transactions
third 74:5	68:3 74:19	totalled 109:9	110:9,25
116:1	74:21 77:13	totalling	111:2,9,10
thirty-one	77:23 78:9	109:15 114:1	112:9,16
30:6	80:6 87:1	115:15	117:13,18
thought 14:11	89:1 91:12	totally 62:21	transcript
16:9 17:23	92:3,5 99:1	touched 5:22	145:10
20:17 76:24	99:8,11	tough 17:12	transfer 110:2
thousand	100:7 102:13	toured 11:16	113:21
124:14	102:19 107:8	toxic 17:25	transferred
three 26:17	107:10	toxicity 18:4	20:23 109:7
31:3,9 39:11	114:21	trace 109:19	110:15,18
39:18 40:19	118:14 123:5	Tracey 1:23	113:5,23
43:4,20	123:9 133:17	145:2	116:10
48:15 76:2	140:12 142:9	tracing 40:4	transfers 40:7
81:22 82:20	144:19	trade 82:25	109:22 110:4
82:20,21	145:11	136:11	110:20 112:2
95:12,18,19	times 11:8	traded 83:7	112:5,6,10
105:12 108:4	70:7 83:1	136:18	112:23 113:2
123:4 135:8	136:12	tradition	113:20 115:7
136:6,6,7	titles 48:16	131:19	115:8,11,17
three-year	81:12 134:23	traditional	115:19 116:7
107:21	today 5:15,20	34:13 35:10	116:12

117:14,20	38:19,20,21	84:3,24 86:3	trying 8:16
transition	38:25 39:3,4	86:11,17	10:4 17:1,20
44:9	39:14,17	87:16,24	17:20 18:2
transparency	41:2,10,13	88:1,5,9	18:12,22
21:15	41:15,18	93:24 94:1,6	33:23 61:16
transparent	42:13 43:13	94:6,15,16	61:17 86:1
16:3	43:17,24,25	94:17,23	112:12
transport	46:4,12 47:2	95:11,12,15	139:12
81:11 134:22	47:5,18 48:2	95:20 96:8	turn 9:6,13
transporta...	48:13 50:10	96:12,19,21	12:20 13:12
38:13 39:7	50:13,15,21	96:23 97:3,4	32:25 56:9
41:4 50:3,5	50:25 51:8	97:5,10,14	63:24 133:3
51:19 59:12	52:5,11,14	97:17 98:11	142:10
81:2 97:10	52:16,22,23	100:20	turned 20:19
98:17 101:9	52:25 53:2,5	102:14	two 11:11
124:18,24	53:14 54:4,8	104:24 108:3	14:20,24
134:13	54:12,17,19	117:9 122:15	27:25 31:7
trapped 6:6	55:6,10,23	122:20	41:7 42:3
7:3	56:4,14,20	123:17 127:3	47:10 69:22
treat 56:21	57:3,7,8,15	129:21 130:1	82:3 89:9
88:6,11	57:19,23	130:8,16,22	91:6 103:8
141:17,22	58:5,8,10	131:3 133:18	104:5 108:15
treated 60:9	59:4,17 60:6	133:22,24	109:14 118:6
60:15 61:3	60:19,21	134:1,5,8,12	128:1 135:14
treatment 3:9	63:7,14,23	135:3,13,23	144:7
7:1,3,11,17	64:7,8,16,18	136:3,13	type 7:16
7:24 8:5,10	64:21 66:6	137:6,6,14	12:13 23:10
10:2 13:3,17	66:10,11,18	138:10	34:20 37:10
13:24 16:13	67:23 68:2,9	139:14,22	37:11 46:21
17:21 19:4	68:20 69:7	140:3 141:2	47:13 48:7
20:5 21:22	69:15,21,23	141:10,12,16	55:25 61:20
21:24 23:10	70:11,21,24	141:20	68:13 78:7
23:11 30:18	71:2,11,19	treatments 8:7	79:10 80:14
31:7,8,12,20	72:3,21,23	95:9	81:8 83:10
31:24,25	73:8,14	Trenton 1:11	90:7,12 94:8
32:4,7,10,12	74:16,20,22	tried 59:3	94:9 95:9,10
32:13,14,16	74:23 75:2,5	trigger 33:4	95:15,24
32:19,20,22	75:9,11,16	Trooper 29:12	104:8,14
33:5,7,8,12	75:19,21,25	trouble 20:12	118:1 126:3
33:17 34:9	76:7,17,20	true 58:20	127:7,22
34:25 35:6	77:8 80:7,11	125:23 145:9	129:25
36:8,11,16	80:13,15,19	truly 127:23	133:25
36:23 37:10	80:22 81:1	trust 16:5	134:19
37:12,13,16	81:17 82:2	truth 11:7	136:21
37:18,25	82:12,17	145:6,7	types 47:10
38:4,14,17	83:2,20,20	try 20:2,8	56:21 80:25

94:14 95:12 104:5 112:16 134:11 typically 38:1 39:1 55:5 65:2 83:8,9 84:2 111:13 111:20 136:19,20 137:13	105:11 106:6 United 131:24 units 29:15,15 29:16,18 unlawful 8:1 unregulated 6:15 untrained 55:21 upholding 143:23 upset 15:4 urge 131:17 132:3 urine 96:9 105:15 121:10 usage 111:20 use 48:12,14 68:13 105:2 113:24 130:7 132:23 usually 70:11 utilities 120:17 utilization 99:2 utilized 70:20 103:24 104:5 104:18 121:6 utilizing 32:11	137:8 vast 77:15 vehicles 109:12 113:25 Verbal 85:11 138:22 versus 21:25 53:24 vet 78:1 vicious 7:7 victim 74:12 victimimized 6:10 video 2:22 77:14 80:3,6 89:17 133:17 videos 89:8 viewing 89:10 violate 128:22 virtually 106:21 visit 14:22 visited 74:12 visual 105:14 vital 124:6 vodka 62:9 voice 61:5 77:20 80:3 102:10 voids 8:22 volunteer 84:16 138:2 volunteered 81:10 134:21 volunteers 48:17 vulnerability 132:13 vulnerable 6:19 30:23 33:16 56:13	walk-ins 19:6 want 11:14 23:25 24:4 37:6 38:24 46:5 64:10 72:12 77:13 82:11 89:6 97:1 100:22 111:22 112:19 114:25 122:3 128:21 129:10 132:6 135:22 142:24 143:20,25 144:1 wanted 62:18 77:24 133:6 142:16 143:8 143:16 warrant 63:24 wasn't 12:12 12:13 15:24 16:23 61:20 62:2 101:19 102:18 waste 29:5 45:10 93:2 watching 129:2 way 41:15 64:11 67:1 110:17 124:24 126:14 ways 7:13 125:5,6 we'll 85:7 103:10 138:18 we're 62:20 82:18 83:6 83:25 85:1,1 85:6,16,17 87:12 91:21 124:16,19
U			
U.S 6:3 U.S.C 36:14 Uber 62:20,22 Ubers 53:21 ultimately 19:3,16,25 48:4 130:14 unable 9:11 70:20 130:17 unbundled 105:3 unbundles 104:24 unclear 6:20 uncovered 127:15 undercover 68:10 underlying 86:9 139:20 underscores 125:19 understand 89:1 104:3 understanding 68:8 unethical 6:17 unexpected 21:21 unfortunately 10:9 131:7 uninsured 94:12,18 unit 93:12	V		
	vacations 130:11 value 49:9 various 29:15 31:6 40:5 43:24 46:1 48:15 53:6 90:3 103:24 108:13 113:12 129:11 vary 83:22		
		W	
		wait 61:22 walk-in 71:25	

136:4,17	114:4,10,13	80:17,17,18	
137:11	114:22 122:1	80:22 86:19	<hr/> Y <hr/>
138:12,12,17	127:10	88:10 93:9	yeah 11:3,25
139:2,3	128:11,24	102:21	62:7 83:11
140:23	132:6 133:1	122:24 124:2	102:23
we've 85:20,21	133:12	133:21,23	136:22
91:24 101:17	142:14	134:1,2,3,3	year 6:1 28:25
124:17	143:14	134:4,8	30:10,15
126:25 139:6	willing 11:7	140:5 141:21	48:19 49:1
139:7 143:5	winning 16:24	142:21	53:25 70:1
wealth 131:9	withdrawals	working 27:3	72:17 75:13
weapons 29:15	130:13	32:5 35:2,4	86:16,19,20
website 48:12	witness 2:2,22	45:15 59:25	86:20 87:3
49:5 51:12	3:2 9:7	64:15,16	140:2,5,6,6
week 14:9 15:2	22:10,24	66:8,15	140:14
95:16,19,22	23:17 24:8	71:17 72:3	144:15
98:24 103:5	89:16 102:15	74:6,21 76:9	years 8:24
103:6	103:4 118:16	77:15 78:6	11:11 26:17
weeks 14:20,24	127:7 132:17	86:18 90:10	27:7 28:1,12
82:3 135:14	132:24	90:13 101:4	29:12 45:7
Wellness 69:25	133:10	140:4	45:21 69:22
went 13:16	144:10 145:5	works 47:17	80:13 93:9
19:19 20:20	witnesses	57:4 75:7	108:4 117:12
20:24 40:15	24:19 44:14	world 10:22	133:24
55:13 68:22	91:19 92:4	worst 20:14	143:24
79:18 87:2	128:15 132:3	33:9	young 86:10
113:4,11	144:16 145:6	worth 6:14	139:21
116:15	witty 10:17	76:3	<hr/> Z <hr/>
140:13	won 10:22	wouldn't 12:11	<hr/> 0 <hr/>
weren't 16:3	word 49:7	14:9 23:17	08625 1:11
19:20	words 62:18	61:19 63:24	<hr/> 1 <hr/>
West 1:10	work 8:24 24:2	wrap 88:24	
whatsoever	65:11 67:18	write 143:4	
86:23,24	67:25 69:11	writing 85:8	1 63:2
90:5 91:1	77:18 79:22	138:19	1,000 82:1
140:9,10	82:14 84:20	written 14:23	135:12
wholeheart...	99:23 108:9	26:25 31:14	1,200 48:25
17:22	135:25 138:6	wrong 17:10	1,800 83:24
wife 98:5	142:25 143:9	86:15 140:1	84:1 137:10
124:3	144:3		137:12
Williams 1:14	worked 27:4	<hr/> X <hr/>	1.2 115:8
5:5,6 23:24	28:10 29:10	X2:1 3:1 4:1	1.25 109:11
42:2,19 43:8	35:7 55:2	XI002197 1:24	1.5 116:13,15
44:1 79:25	60:16 71:20	XI00219700	1.6 113:20
88:25 89:23	71:21 80:10	145:23	1.8 113:23
91:2,8,14	80:12,15,16		1.9 116:10

1:10 144:20	20 27:7 28:12	108:2	84:7 137:9
10,000 40:12	61:23 69:6	300 49:1 72:22	137:12,18
85:2,16,23	84:6 137:17	73:3	80305 105:13
111:9,11,16	2006 10:9	300,000 53:7	88,000 109:13
112:4,5	2009 13:7	342,000 114:2	883,000 115:14
117:21	2013 17:3	35 52:25	89,000 114:1
138:13 139:2	2016 75:10	360,000 70:1	
139:9	2017 48:25	37 10:10	<hr/> 9 <hr/>
10.7 108:16	53:1,7,11		9 2:4
10:00 1:9	2018 36:13	<hr/> 4 <hr/>	9,000 110:22
100 103:5	57:21	4.2 109:9	112:3 117:20
124:21	2019 53:8	40 107:9 108:2	9,200 30:16
100,000 6:3	75:24 107:5	400,000 75:11	90 87:1 140:12
102 3:9	108:11	410,000 113:22	90834 105:15
106,000 57:21	113:20 115:6	42 6:14	92,103 3:7
11 1:8,11	116:8	44,64 2:20	96,106,129 3:4
116,000 115:9	2020 48:25	45 105:17	970,000 115:15
12 82:15,16	53:1,11 54:2	45-minute	
93:9 136:1,2	57:22	123:1	
12-9-26 145:24	2021 6:4 30:8	47 2:15	
125 1:10	30:15 36:1	4th 1:11	
13 118:23	46:8 78:19		
13,000 30:14	79:18,19	<hr/> 5 <hr/>	
15 80:13 82:15	107:6 108:11	50 8:24 75:23	
82:16 107:5	113:20 115:6	76:2 143:24	
108:4,12,16	116:9	50,000 75:13	
122:5 123:2	2022 1:8 74:25	500 30:17	
125:13	75:13,24	501c3 48:9	
133:24 136:1	118:23 119:1		
136:2	220 36:14	<hr/> 6 <hr/>	
15,000 116:7	232,000 114:3	6 130:9	
150,000 86:20	25 29:12 45:21	6:30 62:24	
140:6	25,000 51:10	60,000 72:17	
175,000 53:11	26 4:3	600,000 53:1	
18 36:14	26-page 24:25	69:23	
18-month	26,34 2:9	61 2:17	
130:10	27,37 2:11	628 133:8	
180 58:22	28 2:6 52:6,10		
1999 92:23	288,000 109:12	<hr/> 7 <hr/>	
	2C:48-6 36:2	7 62:23 118:25	
<hr/> 2 <hr/>		71 54:1	
2,000 82:1	<hr/> 3 <hr/>	764,000 109:15	
135:12	3 63:2		
2,100 30:10	3,100 6:4	<hr/> 8 <hr/>	
2.1 109:10	30 14:1,11,18	80,133 2:22	
2.6 115:7	15:20 107:9	800 83:23 84:1	