No. 21-5018

ORIGINAL

IN THE

SUPREME COURT OF THE UNITED STATES

ZOE AJJAHNON PETITIONER
(Your Name)

vs.

St. Joseph's University Medical Centre and
Rut Barnabas Health Inc. RESPONDENT(S)

MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed *in forma pauperis.*

Please check the appropriate boxes:

☑ Petitioner has previously been granted leave to proceed *in forma pauperis* in the following court(s):
New Jersey District Court and
Third Circuit Court of Appeals

☐ Petitioner has **not** previously been granted leave to proceed *in forma pauperis* in any other court.

☑ Petitioner's affidavit or declaration in support of this motion is attached hereto.

☐ Petitioner's affidavit or declaration is **not** attached because the court below appointed counsel in the current proceeding, and:

☐ The appointment was made under the following provision of law: _____
_____, or

☐ a copy of the order of appointment is appended.

Zoe A.

(Signature)

AFFIDAVIT OR DECLARATION
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, Zoë Assana, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	**Average monthly amount during the past 12 months**		**Amount expected next month**	
	You	Spouse	You	Spouse
Employment	$	$	$	$
Self-employment	$	$	$	$
Income from real property (such as rental income)	$	$	$	$
Interest and dividends	$	$	$	$
Gifts	$	$	$	$
Alimony	$	$	$	$
Child Support	$	$	$	$
Retirement (such as social security, pensions, annuities, insurance)	$	$	$	$
Disability (such as social security, insurance payments)	$	$	$	$
Unemployment payments	$ 2450	$	$	$
Public-assistance (such as welfare)	$	$	$	$
Other (specify):	$	$	$	$
Total monthly income:	$ 2450	$	$	$

2. List your employment history for the past two years, most recent first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
			$
			$
			$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross monthly pay
			$
			$
			$

4. How much cash do you and your spouse have? $_____
Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Type of account (e.g., checking or savings)	Amount you have	Amount your spouse has
	$	$
	$	$
	$	$

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

☐ Home
Value _____

☐ Other real estate
Value _____

☐ Motor Vehicle #1
Year, make & model _____
Value _____

☐ Motor Vehicle #2
Year, make & model _____
Value _____

☐ Other assets
Description _____
Value _____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	$	$
	$	$
	$	$

7. State the persons who rely on you or your spouse for support. For minor children, list initials instead of names (e.g. "J.S." instead of "John Smith").

Name	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes included? ☐ Yes ☑ No Is property insurance included? ☐ Yes ☑ No	$ 885/month	$
Utilities (electricity, heating fuel, water, sewer, and telephone)	$ 65/mont	$
Home maintenance (repairs and upkeep)	$ 30/mnt	$
Food	$ 80/mon	$
Clothing	$ —	$
Laundry and dry-cleaning	$ 25/mont	$
Medical and dental expenses	$ —	$ —

	You	Your spouse
Transportation (not including motor vehicle payments)	$	$
Recreation, entertainment, newspapers, magazines, etc.	$	$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's	$	$
Life	$	$
Health	$	$
Motor Vehicle	$	$
Other: _____	$	$
Taxes (not deducted from wages or included in mortgage payments)		
(specify): _____	$	$
Installment payments		
Motor Vehicle	$	$
Credit card(s)	$	$
Department store(s)	$	$
Other: _____	$	$
Alimony, maintenance, and support paid to others	$	$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	$	$
Other (specify): _____	$	$
Total monthly expenses:	$	$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☑ No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☑ No

If yes, how much? _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☑ No

If yes, how much? _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: July 1st, 2021

_____
(Signature)

APPENDIX H

Zoe Ajjahnon
Pro Se Plaintiff
110 Chestnut Ridge Rd.,
Montvale, NJ 07645
973-949-4773

THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY

ZOE AJJAHNON, PLAINTIFF v. ST JOSEPH'S UNIVERSITY MEDICAL CENTER **And** RWJ BARNABAS HEALTH, INC., DEFENDANTS	:	**Civil Action No.:** **COMPLAINT** **and** **Jury Demand**

Plaintiff, Zoe Ajjahnon of 110 Chestnut Ridge Rd., Montvale , Bergen County, New Jersey brings this complaint against defendants, St. Joseph's Regional Medical Center, located at 703 Main Street, Paterson, Passaic County, New Jersey, Ph.: 973-754-2000 and Robert Wood Johnson (RWJ) Barnabas Health, Inc. that gives variably two corporate addresses, 950 Old Short Hills Road, West Orange, Essex County, New Jersey, Ph.: 973-322-4328 and 2 Crescent Place, Oceanport, Monmouth County, New Jersey, Ph.:732-923-8000, pursuant the provisions of the False Claims Act, *31U.S.C. §§ 3729-3733* and civil liberties guards of *42 U.S.C. §§1981 and 1983.*

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JURISDICTION

Jurisdiction is invoked under *28 U.S.C. § 1331* as to the federal question of False Claims Act claims defined in ***31 U.S.C. §§ 3729-3733.***

Additionally at issue is the claim of civil rights violations by defendants under ***42 U.S.C. §§ 1981 and 1983.*** The facts establishing this complaint substantiate deprivation of civil rights by both defendants.

The Court further recognizes jurisdiction under *28 U.S.C. § 1332* for the amount-in-controversy allowance that exceeds the set, $75,000.

PRELIM INARY STATEMENT

Pursuant *31 U.S.C. § 3730 (b) (1)* the US Government complaining of defendants St. Joseph's Regional Medical Center, a screening services provider and RWJ Barnabas Health, Inc., a short term care facility services provider states that, on December 18th - 19th 2018, defendant, St. Joseph's Regional Medical Center, the screening services provider, recklessly and willfully falsified information on a certification to the court, defendant withheld information , defendant also deliberately fabricated information , and defendant falsified patient record of a fabricated diagnosis, in pursuit of a court order for involuntary commitment, in fraud and abuse of government funding for their services; and from 19th December 2018 – 10th January 2019 defendant , RWJ Barnabas Health, Inc., the short term care facility perpetrated acts of falsification of information to the court, falsification of patient medical record, the willful and reckless fabrication of a diagnosis for an unnecessary medical treatment and length of stay at defendant's short term care facility, Clara Maass, in defrauding the government of thousands of dollars.

These pleadings argue a case of False Claims violations substantiated in blatant fraud and abuse of statutory regulations for health care services at St. Joseph's Regional Medical Center, a screening services provider (hereafter, the screening service) and RWJ Barnabas Health, Inc. whose facility, Clara Maass was the short term care facility services provider (hereafter, the Short Term Care Facility (STCF) in this matter where abject neglect, gross incompetence of malicious medical malpractice in the assessment of need for involuntary commitment to treatment and malicious medical malpractice in that treatment were actions done to falsify billing claims to government funded healthcare programs by instant healthcare providers.

Defendants' actions of falsification of statements to the court for a court order for involuntary commitment is a matter of false statements, perjured certifications, fabricated diagnoses, false imprisonment, false claims conduct for forced medication, violations of plaintiff's civil rights in a questionable so-called 2-step, and undue stay at the STCF. Plaintiff further seeks damages from defendants for the fraudulent billing claims generated from their respective violations under the provisions of the Federal False Claims Act *31U.S.C. § 3729 et.seq.*

Where *31U.S.C. § 3729 (a)(1)* reads,
any person who—
(A)
knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
(B)
knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;

plaintiff complains of defendants' liability for unlawful conduct of deliberate falsification of claims to receive government funds respecting institution of involuntary commitment, and that these service providers' defiance of US laws prohibiting fraudulent billing claims were substantially abused in instant matter by both defendants for the period 18th December 2018 – 10th January 2019. The complaint shows that as a matter of public laws, defendants' False Claims actions are further egregious for causing public safety risks.

In specific case, defendants' violations resulted in false imprisonment secondary two fraudulent certification of a falsified medical record. The falsified record purported an illness based on symptoms that plaintiff has no, and has never had any, history of. A false diagnosis was also the claim for medically inappropriate / unnecessary medication forcefully administered at the short term care facility.

Violations with abandon sums the uninhibited defiance of court regulations and mandates at instant healthcare services providers. False Claims acts substantiated in conducts of malicious medical malpractice at both defendants inherent in the screening facility's deliberate perjure of a certificate to the court, that generated, among other false claims, a bill for a psychiatrist'/ physician's evaluation that was never done; and, in addition to its own spurious certificate to the court, the STCF' denial of plaintiff's right to appear in court to contest the service' claim of the need for certain drugs and a particularly unscrupulous malicious falsified diagnosis to claim mental incompetence are a part of the defendants' malicious malpractice in blatant False Claims activities.

This matter of False Claims in substantial malicious malpractice at RWJ Barnabas Health' STCF, Clara Maass, was facilitated by its so-called, "2-step program" a procedure where the patient is denied the right to refuse medication based in this defendant's deliberate abuse of its service in equating mental illness to mental incompetence. Defendant herein knowingly fabricated a diagnosis in order force medication. This allowed this skilled False Claims actor (RWJ Barnabas has a history of hundreds of millions of dollars paid to the government to settle False claims) to get government money for the stay at the hospital and, of course, too for the medication – the unnecessary medication – the victim / patient of this scam is forced to take. In this abuse of the patient's civil rights as well as other governing regulations, RWJ Barnabas' Clara Maass claims a diagnosis of a mental illness that captures mental incompetence. Whereas regulations allow an override of the patient's right to refuse medication if deemed mentally incompetent, Clara Maass in this way may, and do, force medication - in complete indifference to the patient' need for the drugs, placing the patient at health risks from the drug.

At the STCF, Clara Maass' treating psychiatrist fabricated a diagnosis of plaintiff – based on NO symptoms whatever – as he himself acknowledged. The false diagnosis would satisfy the requisite mental incompetence of the patient that would allow the STCF to be able to force medication. This False Claims conduct generates for defendant government funds from unneeded medical treatment. Further violations of plaintiff's rights as a function of defendant' 2-step program is substantiated in: I was forcibly medicated after

Clara Maass' treatment team psychiatrist purposefully removed my name from a list of patients to be present in court subsequent my informing him that I would use that court appearance to discuss my need for medication.

At variance with government mental healthcare services funded under, among other government provisions, *42 U.S.C. § 290bb-31* (generally) plaintiff was denied the required standard personal clinical evaluation by a physician or psychiatrist at the screening services provider. The screening service' psychiatrist did not personally examine plaintiff for the presence of a mental illness as defined by NJ statutes at N.J.S.A. 30: 4-27.2r, to say nothing of assessing for the required fact that that mental illness causes the person to be a danger to self, others, or property. The psychiatrist did not try to determine danger - in any degree (substantial or not) – where the requirement is to present clear and convincing facts of substantial danger. N.J.S.A. 30: 4-27.2(h)(i).

Plaintiff saw the screening facility's psychiatrist in the presence of a crisis team. This physical proximity does not equate a clinical examination nor "extensive evaluation" as concluded by the service' investigation of plaintiff's complaint to their Patient-Relations department. (Ex. 1 & Ex. 2, respectively). The psychiatrist' 'extensive evaluation' subsisted in her only contribution to crisis team interaction which was to state acquiescence to plaintiff's expressed regret at not choosing "jail" over the "ER". (This is treated below.) At No point did she assess for plaintiff' need for involuntary commitment or need for involuntary commitment to treatment as defined at NJ Court Rule 4:74-7(b). The screening service' psychiatrist made no attempt whatever to ascertain

the presence of a mental illness and she at No time attempted to establish any facts to support that plaintiff is a danger to self, others or property (as a function of that mental illness). At No time did this mental healthcare services provider test for the presence of a (the) mental illness that causes plaintiff to be dangerous.

Both restrictive custody – involuntary commitment and jail, state and federal laws meticulously guard the rights of the individual put in those settings in the legal standards set for determining the need to so restrain the person' liberties. Governing codes prohibit any deviation from the due process statutory guides in this – yet the screening service' certifying psychiatrist in gross incompetence - wanton negligence - malicious malpractice, falsified statements to the court in pursuit of commitment order that effected the false imprisonment of plaintiff in substantial False Claims violations.

Procedure was followed at Clara Maass – *and procedure only – as in procedural due process, Not substantive* – as to the required STCF assessment of need. Plaintiff was duly questioned by the treatment team psychiatrist within the set 72 hours of admission in a mock evaluation that evinced the psychiatrist' - with full knowledge -willful misrepresentation of the facts in fabrication of the certifying standards of a mental illness and of the dangerousness of plaintiff.

The STCF' perfunctory clinical evaluation was done in the presence of a nurse on the unit. The nurse witnessed plaintiff's utter surprise at the question of being paranoid of "technology" – the telephone and email to be specific – and my strong denial of same. Plaintiff had not the foggiest awareness then that that manufacture was in her records

from the screening service, hence my "utter surprise". The STCF' psychiatrist response to the denial of any (or any such) paranoia was to mutter that he was reading someone else's chart, not plaintiff's. That denial of the existence of this irrational thought content – the only claim given on the two certificates for the standard substantive of the presence of thought disturbance contributing to the / a mental illness - did not prevent the STCF' psychiatrist from unscrupulously – expediently, proffering that fabrication to the court for the necessary court order. *31 U.S.C. § 3729 (a) (1) (A),(B)* provides for this action.

Plaintiff, at this point, was also unaware of the screening certificate's reliance on the fabricated claim that plaintiff does not eat, sleep or take care of self as substantive for plaintiff [/STFC committee] being a danger to self.

It was refuted in the sham clinical examination at the short term care facility.
This denial (of 'danger to self' component) like the denial (of above 'thought disturbance' component) was not noted but left undisturbed in the STCF' certification. In fact, the short term care facility's certificating statements are practically verbatim the screening service's.

Neither the screening service nor the STCF provider certificate attempted to ascertain the facts respecting the standard for danger required by the court i.e. the fact-finder assessing plaintiff's vehement denial of a violent threat to anyone would at the very least note that the person making the allegation of being threatened with a knife by plaintiff, had since (before leaving the screening service – in fact, before the claimed "clinical examination" by this service, the caller to the police spoke with the nurse on the 'crisis team' and

retracted the allegation; further, the police found nothing substantiating the allegation in the first place – "no knife was found". Defendants held to this unsupported claim in their respective certification. The False Claims conduct here is the willful omission of information that would, in this case, prevent a standard for the court order to commit, that of 'danger to others'.

It was this allegation to the Paterson police that began this case and it is noteworthy that not only was the allegation denied by the caller to the screening service before commitment, but St. Joseph's, the screening service, had full knowledge that the police found nothing supporting the allegation. The certificate notes "no knife was found". In fact, the official police report makes no mention of this allegation. (Ex. 3)

The allegation was a fabrication, by a caller with a history of such fabrications. The screening facility purposefully put before the court this wholly unsupported allegation as 'clear and convincing' fact that plaintiff is dangerous to others.

The screening service' False Claims violations of misrepresentation of a 'violent' and 'in need of stabilization' person in plaintiff is also conveyed in defendant's false statement that plaintiff was brought to the ER by the police department secondary this dangerous violent threatening behavior with a knife. Plaintiff was transported to the ER by ambulance, not the police.

As argued below, proof of dangerousness caused by a mental illness, material for an involuntary commitment grant is a legal question and the courts have set that it must be

established in clear and convincing facts. Defendants' certifying misrepresentations, false and falsified statements for the commitment court order are False Claims violations.

Whereas, the FCA is meant to establish deterrents to fraudulent abusive practices from service providers, this complaint proposes amendments to existing regulations that will check more compellingly healthcare billing frauds arising from medical malpractice. These revisions also reduce waste of State funds as well as increase public safety compromised by fraudulent medical malpractice.

1. Factual Background and History of the Commitment Order

A. The Parties

Pro Se plaintiff, Zoe Ajjahnon has the address, 110 Chestnut Ridge Rd., Montvale, NJ 07645; Ph.: 973-949-4773

Defendant, St. Joseph's University Medical Center is one of the healthcare services providers of St. Joseph's University Medical Centre. Instant emergency room (ER) is located at this facility: address: 703 Main Street, Paterson, NJ 07503; Ph.: 973-754-2000

Defendant, Robert Wood Johnson Barnabas Health, Inc. / RWJ Barnabas Health, Inc., announced its formation on March 31, 2016 from a merger of St Barnabas Medical Center and RWJ University Hospital Hamilton. In 2006 St. Barnabas paid $265 million dollars in penalties from a qui tam False Claims Act suit. RWJ Hospital Hamilton, in 2010 paid the government $6.3 million dollars for similar charges. The new corporation is registered a not-for-profit entity. It is a network of several hospitals that provide

healthcare services in New Jersey to approximately 5 million people or ½ the State' population. Clara Maass Medical Center, at 1 Clara Maass Drive, 1 South Annex Unit, Belleville, NJ 07109 ; Ph.: 973-450-2000 is the corporation' short term care facility provider of this case. RWJ Barnabas Health, Inc. gives variably two corporate addresses, 950 Old Short Hills Road, West Orange, Essex County, N.J. 07052; Ph.: 973-322-4328 and 2 Crescent Place, Oceanport, Monmouth County, N.J. 07757; Ph.:732-923-8000

B. Background of Certification From the Screening Service

On 18th December 2018 at approximately 11:00pm plaintiff was transported by ambulance to St. Joseph's emergency room following a call to the Paterson police department. The call was made by plaintiff's mother who resides at 723 E. 26th St. Paterson, NJ. Plaintiff was told by the police that caller alleged that I threatened her with a knife. I was first apprised of this 'threat with a knife' by the police. It never happened. Plaintiff has never once threatened this caller (or anyone else for that matter) with a knife or anything else.

Upon the police arrival I was in a bedroom with the door closed in the caller's house. Caller was in a separate part of the house. There was no interaction between us. The police entered the room and searched for this alleged 'knife'. No knife was found.

The police spoke with the caller separately. The officers questioning me were told that I did not on 18th December 2018 nor at any time prior made any threat whatever to caller - in word or action. This act of violence was categorically denied by plaintiff and in fact

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the caller later denied making that allegation. She would then flip once more, admitting that she, in fact, said plaintiff threatened her - and that with a knife - but that it was the police told her to say that.

The police report makes no reference whatever to this allegation of threat. (See, Ex.3) As developed below, the caller's allegations apparently also claimed that plaintiff further threatened her by spraying 'Lysol' on her – I first learned of that portion of caller' allegations at the short term care facility. The police that told me of the allegations only mentioned the "threat with a knife". The final police report also carries no mention of this 'spraying threat'. Id.

The caller reported that I threw food away. The police saw evidence of that in an open garbage bin in the kitchen or as put by an officer, "the mess in the kitchen". This insubstantial for dangerousness/ violence / threatening behavior is also not mentioned in the police report.

The Paterson police then told me that I needed to leave the caller's house and gave me two options: I could go to jail or to the ER. I opted for jail, reasoning aloud to the officers that, whereas the allegation of threat is entirely untrue, the judge would release me in the morning. The police countered that I would likely spend weeks in county jail before seeing a judge and that the better choice would be the ER since, to quote, "you would be there for a couple hours, you speak to the doctor and leave".

I was taken to the ER by ambulance. In a two-minute interchange with the ER doctor, he

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asked while reading some other document, why I was there, I told him of the call from my mother and the fabricated allegation made to the police. He asked why my mother would do that. I answered that she has a history of such behaviors, that is, behaviors that would somehow cause me harm, and that, in fact, I once had to get a restraining order against her; but of more significance is the harm she did my son, expressly, to "get me". I informed the ER physician, that my mother has admitted to sexually abusing my son as a minor. Her stated reason was, "can't catch Quako, catch his shirt", a Jamaican colloquialism for hurting the person closest to the one you wish to harm, such his/her child, spouse, etc.

The ER physician, without breaking his reading long enough for eye contact / a glance at plaintiff, responded that this sounded "bizarre" to him and offered that I speak with the social worker.

The social worker / screener began her assessment with the same questions as the ER physician', and received the same replies. The screener too gave the same response as the doctor in her cry, "do you know how crazy you sound" when I told her of callers' sexual abusive of my son when he was a minor.

The social worker then took a social history - marital status, any children, what do I do for a living. The screener learned that I am a writer. Upon which she asked if I write blogs. My answer was a succinct 'no'. Nothing more was said of computers, social media, or anything remotely relating. This is stressed because the screening certificate, I learned later, fabricated a claim that plaintiff is afraid of telephones and email and rarely

uses them. This so particularly untrue, I am still trying to work out just where that lie might have come from. This query from the social worker is the only time I was asked about anything having to do with computers or computer technology and both family members the screening service spoke with deny having told defendant any such thing.

I denied any hallucination or thoughts of suicide.

I don't recall that the screener asked about my eating and sleeping habits or general care of self but the screening report would later fabricate the claim that I neither eat nor sleep well and I do not take care of myself.

The screening inquiries revealed that plaintiff has no psychiatric history whatever. The screening report gathered that plaintiff has never had a psychiatric evaluation, hospitalization, treatment of any kind, or, importantly, any manifest symptoms of a mental illness –has never had any clinical manifest of a psychiatric / psychological disorder – And therefore, no medication for a non-existent condition – an important point, if pedantic in its logic, since the screening facility's certifying statements to the court would claim that plaintiff became violent [secondary] denying psychiatric treatment as the 'description of the person's mental illness' requested may imply here. (Ex.4a). Indeed, the certifying statements of plaintiff' 'violence'- dangerousness and that of plaintiff ' '[denial of] psychiatric treatment' – are given in separate sentences (albeit, the same context of the mental illness), the point however is that, defendant having not performed the requisite clinical examination – the screening facility's psychiatrist simply had no facts to establish the fabricated 'dangerousness' and in true false claims style,

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ignored the lack of any psychiatric history to manufacture a clinical diagnosis of mental illness. The screening service billed for this requisite examination it did not provide.

Argued below is that the screening certificate' False claims of a diagnosis of a bipolar disorder, among other malpractice claims, is grossly incompetent, ignoring as it does, the clinical manifestation standard of both manic (or hypomanic) and depressive periods (and that mood fluctuation over time) - and that that mood fluctuation must have been repeated at least once. (DSM V and ICD-10, see below)

C. The Screening Service's Certificate Per Se

False Claims diagnosis under *34 U.S.C.§10651(a)(7)(A)* by defendants for government funds is evinced here. The screening certificate is a clinical certificate that must be executed by a psychiatrist or other physician affiliated with the screening facility. N.J.S.A. 30:4-27.2y. At No point was plaintiff clinically examined /evaluated by a psychiatrist or other physician at the screening service; that is, assessed for a mental illness (symptoms past or present) as defined at N.J.S.A. 30:4-27.2r; examined for probative facts establishing that that mental illness causes plaintiff to be dangerous, as to court standard given at N.J.S.A. 30:4-27.2h,i; offered the option of voluntary commitment for a (the non-existent) mental illness, nor informed of any facts supporting that a less restrictive psychiatric facility or hospital could not treat plaintiff's (non-existent) mental illness.

After 12 hours sitting on a gurney in the ER's hallway, where I passed the time reading a book provided by the screening facility at my request, I was informed by a security guard

AHa

that I will see the psychiatrist in the company of a 'crisis team'. At my raised brow he clarified that it was hospital policy / safety precaution should the patient become violent. To which I shrugged -the thought of my observed / demonstrated, sustained stable non- threatening behavior vying with an appreciation of this hospital safety implementation, at all times.

The security guard was one of the 4-member 'crisis team' of the 'single-sentence' interchange I had with the screening service' psychiatrist. I was informed that I will be committed to a short term care facility. My immediate question was 'why?' It was the nurse, not the psychiatrist, of this team that replied. The significance here is that her answer had nothing to do with NJ state laws that demand the existence of a mental illness and that that mental illness causes the individual to be a danger to self, others, or property.

The nurse' reason given for my 'need for involuntary commitment to treatment' was put in my employment history. Her statement was that I haven't worked in years according to my daughter. To be accurate, what my daughter actually said was that I have not had an income in years. My daughter is not an authority on my personal finance, however. That notwithstanding what is of importance here is that this financial information does not support the existence of a mental illness and that that mental illness causes plaintiff to be danger to self, others, or property.

The only cursory assessment, if you will of plaintiff's 'dangerousness' was the nurse' question of caller's knife she keeps by her door to open it. By admission, the nurse had

previously spoken with my mother, the caller. It is understood that at that time, the caller retracted her previous allegation that I threatened her with a knife, saying rather that she keeps a knife by her door to handle the broken lock on that door; and indeed, the nurse did not ask if I ever threatened my mother with the knife. I volunteered /reiterated that denial stating, that I did not use that or any other knife then nor at any time in the past to threaten caller – given the caller' previous allegation.

The psychiatrist for her part made no inquiry whatever, even remotely having to do with substantiating a need for involuntary commitment / involuntary commitment to treatment. She did not examine for a mental illness, did not even question about plaintiff's dangerousness and as already noted, the psychiatrist offered no reason at all for plaintiff's need for involuntary commitment she simply denied an answer /gave no reply to my direct request for this information. This certifying psychiatrist' sole contribution (the single sentence) in the 'crisis team' interchange was to find out if I was forced by the police to go to the ER. I responded truthfully, that they gave me a choice between jail and the ER and that I originally chose jail adding that I regretted not having gone with that choice. The psychiatrist concurred. She gave nothing of a protest that an involuntary commitment / involuntary commitment to treatment at a short term mental healthcare facility (as opposed custody at any other institution) is needed. She offered nothing defending her certificate that plaintiff is in need of treatment for a mental illness that underlies being a danger to self, others, or property.

I was then sent to a "crisis stabilization unit bed", where I passed an additional 12 hours

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(finishing a second book also provided by the screening services facility) before being transported to the short term care facility. My 24 hours at St. Joseph's ER evinced nothing of "in need of (mood) stabilization', impulsivity, or any behaviors consistent with 'impaired judgment' falsely claimed in the screening certificate. (Ex. 4a)

Dismissing the State' probative standards, the screening certificate builds a report of violence despite an unsupported and retracted allegation.

It should be noted that in the prior meeting with the social worker, I was expressly denied speaking to the fact that this caller has a history of making such fabrications. See Ex. 5 - plaintiff's March 9th 2019 complaint to the Department of Health (NJDOH) of the incompetent screening services at St. Joseph'. The complaint deals also with the False Claims billing for services of a psychiatric /physician evaluation never executed.

In this matter of False Claims violations the court finds that the 'dangerousness' assessment imported in the nurse' above question regarding the caller's knife kept by her door was only fodder for the certificate's outright fabrication that, not only did plaintiff threaten caller with a knife but that she broke into the caller's room to do it. To reiterate, the police report makes no mention of the caller's allegations of threat / threat with a knife.

Undaunted in its fantastic fabrications, the screening certificate builds on the false claims of plaintiff being violent and unstable and falsely stated that plaintiff was brought to the ER by the police for screening [secondary this threatening behavior]. This is entirely untrue. I was transported to St. Joseph's ER / the screening service by ambulance.

Where State standards demand of the certificate a description of the mental illness, the screening service states: "The client's mother and daughter report that client's behavior has been *this* way for a long time." Emphasis mine, whereas nothing, absolutely nothing, is given to define "this" used here. The crucial matter of establishing the presence of mental illness is left completely unqualified. Defendant's certifying statements of need of commitment in pursuit of the court order leaves the Court to imagine the 'just cause' for its grant.

Where the certificate asks for a description of – the particular facts for – the presence of a mental illness: plaintiff has no history of a psychiatric diagnosis or treatment; and the certificate records none; stating my denial of any psychiatric treatment, put subsequent defendant's falsified statement of 'dangerousness'. Defendant' False Claims act in this requite for the existence of a mental illness dismissed my denials of the caller's allegations of threatening her with a knife. This information came from the screener because at No time at all did the screening service' psychiatrist or any other physician clinically examine / determine / ask me any question at all regarding the alleged threat or of a psychiatric history for that matter.

The mere nonexistence of a fact does not preclude it from inclusion as 'particular fact' substantiating need for involuntary commitment to treatment in defendant's certificate. Where there is no irrational thinking/thought content disturbance, the screening certificate made one up. Completely unknown to me, the screening service psychiatrist falsely claimed that plaintiff is 'paranoid of the telephone and email'.

Further, her certifying statements put, to quote, "some delusion" the actual event – acknowledged by the perpetrator herself – of the caller' / my mother's sexual abuse of my son as a minor.

For the standard of competent facts to substantiate 'danger to self', the screening service manufactured the claim that "[plaintiff] does not eat, sleep or care for self - expedient inventions of defendant's False Claims pursuit. The screening service certifier asked me nothing of this. Like the paranoia regarding the telephone and email – this 'lack of self-care' was particularly surprising to plaintiff – wholly invented by the facility as they are. (As opposed the further 'danger to others' False claims, secondary dismissal of (substantiating) facts (the police found nothing supporting the allegation of threat /violence, the caller retracted, and plaintiff's denial was dismissed) where plaintiff was at least aware of the caller's fabricated allegations.) The fact-finder will dismiss this fabrication of danger to self in the results of medical tests done at the screening site that negated poor nutrition and in observations there that show good personal hygiene and well-rounded self-care.

To support 'danger to others' the screening services purposefully regurgitated the fabricated allegations by the caller to the police. As noted, not only was plaintiff denied by the screening service to refute the caller's statements but caller herself retracted her false allegation, the law enforcers also wrote nothing of this in the police. There was No 'particular fact' /clear and convincing as standard, or indeed, otherwise – simply No evidence whatever substantiating the caller's fabrication of an attack with a knife. False

Claims actor, St. Joseph's proffered this claim to the court, based on no fact - at all.

Court standard for "substantial" 'danger to property' was satisfied in the certificate as, 'throwing away food and household items'. Where plaintiff admits having thrown food items away – and that in a garbage bin, the matter of danger or substantial danger is refuted, for, to be clear, this was done when plaintiff was alone in the kitchen , that is: no one else /caller being nowhere present. Further, the food was thrown in the kitchen garbage bin – a normal receptacle for things thrown out. The police indeed saw "the mess" of an open garbage container and made no remark of this as "destruction of property". The police report does not mention this insubstantial. (Id. at Ex.3)

Based on no history at all or presenting manifest clinical symptoms of any psychiatric or psychological disorder, the screening service' psychiatrist maliciously certified a diagnosis of bipolar disorder. St. Joseph's False Claims violations subsisting in the fabricated certifying statements, obtained for defendant a court order for commitment and the facility could bill for the number of services pertaining an involuntary commitment – this in complete indifference to the false imprisonment of the patient /plaintiff. In addition to the prima facie False Claims by defendant, the complaint argues further dismissal of federal principles in this actor's civil rights violations of plaintiff's freedoms guarded in the constitution.

Redress is properly sought under the FCA provisions for St. Joseph's fraudulent and abusive practices in getting funds for screening services.

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D. <u>The Certificate From the Short Term Care Facility Per Se</u>

Plaintiff was admitted at Clara Maass Medical Centre on 19th December 2018 at or around mid-night, and routinely seen by the STCF psychiatrist within 72 hours of admission from the screening facility. A unit nurse was present during this sham evaluation. The psychiatrist referred to the screening service's certificate in his examination. Plaintiff might as well not have been present for all the acknowledgment given any response she gave to the psychiatrist's examining questions. The STCF' certificate reads almost as a true copy of the screening service'. (Exs.6 & 4a respectively.) The STCF' psychiatrist disturbed nothing of the falsified statements (some of them learned by plaintiff for the first time during this sham evaluation, like the paranoid thought disturbance content mentioned above) , whatever plaintiff said.

The STCF psychiatrist' certifying a need of the facility's service was quite unconcerned with establishing his certifying claims in clear and convincing facts to the court. Unruffled by any scruple to record the facts of his examination, the STCF psychiatrist left unchecked – willfully omitted information – the screening service' fabrication of plaintiff "irrational thought content of a fear of the telephone and email" – in fact, the psychiatrist just rewrote this as a fear of technology in general. I first heard of this paranoid thinking from the Clara Maass examining psychiatrist at this sham evaluation – it is so wholly untrue (I use the telephone and email on a daily basis; further, I have no fear of any technology), my strong denial of this fabrication from codefendant, the screening service led the STCF psychiatrist to say, he 'was reading some else' chart' – it nothing whatever to check the STCF' own False Claims conduct; so that instead of

certifying that [plaintiff] is paranoid of the telephone and email, defendant the STCF, simply made the fabrication 'more' (as is this actor's wont, see below where the STCF built on /added to the screening service' False claim diagnosis of a mood disorder expediently for their own FCA purposes) and wrote that plaintiff is afraid of 'technology'. (Ex. 4a).

Stating that he was "reading someone else' chart" in response to my denial of the "thought disturbance" of the fabricated 'paranoia', the psychiatrist essentially saying here that this thought disturbance / psychiatric symptom is another's and not plaintiff' was left undisturbed in characteristic False Claims malicious medical of false statements to the court in the STCF' pursuit of the bills generated to Medicaid and plaintiff. At defendant' STCF, the need for their services to treat a mental illness that causes the person to be dangerous, is reinterpreted simply as need for billing claims for this treatment.

The STCF' feigned clinical exam proffered nothing, by way of correction of or new information to the screening certificate that substantiates the requirement that committee has a mental illness and that mental illness causes plaintiff to be a danger to self, others, or property. The short term care facility' certifying psychiatrist did not trouble to establish /get the (purported) facts for the screening service' claims that plaintiff is a threat to (an)other Neither, the screening certificate's statement that "no knife was found" nor plaintiff's vehement denial of ever making a threat with a knife, was noted in the STCF' clinical test for need of their service.

The STCF' certifying psychiatrist left the diagnosis of bipolar disorder unaltered at this

point (i.e. it was sufficient for the commitment order requirements, but not for this FC actor's purposes of – not just prescribing unnecessary medication – but actually physically forcing the medication on the patient (this seasoned FC actor is diligent / quite serious about getting money from government funds for healthcare services).

Codefendant's manufactured diagnosis was altered / manipulated later by the STCF for the purpose of forcing medication – a necessity since an investigator probing the defendant's overmuch and unnecessary prescription of drugs, the particular drug of this False Claim suit would be relegated, to standard treatment for the made-up diagnosis; this diagnosis too protects this actor in claiming mental incompetence of the patient and therefore the allowance to override patient's refusal. That this False Claims actor needs to establish mental incompetence (as opposed to 'just' mental illness) to force this medication; it is a standard drug for the made-up psychiatric illness, and the necessity of required patient monitoring (bills for daily stay costs, as well as for blood tests 'needed' in this monitoring) all serve to defraud the government, optimally, is argued below.

Subsequent getting the court order, the STCF' psychiatrist shared with plaintiff that the bipolar disorder diagnosis was, quote, "tentative", whereas plaintiff has no psychiatric history – symptoms / evaluations / treatment. It was reading the record that I discovered that the STCF actually put that I have a schizoaffective disorder – a false claim of schizophrenia in addition to the already fabricated bipolar mood disorder.

E. Violations of Governing State Laws at the Short Term Care Facility, As Matter of Fact

Plaintiff asked and was told by the STCF' psychiatrist that her diagnosis was quote, "tentative bipolar disorder". "Tentative" because there is no symptomatic history, he stated. Plaintiff requested and received through the patient advocate, a writ of habeas corpus. From this I learned that the STCF put a diagnosis of a schizoaffective disorder in my record. In this is substantial False Claims of malicious medical malpractice.

Clara Maass' psychiatrist' acknowledgment that plaintiff has no psychiatric history, and specifically, no psychiatric history of a substantial mood disorder - as to the "tentative bipolar diagnosis", added to the nonexistent mood order the simultaneous manifest symptoms of schizophrenia, in sheer maliciousness as the complaint argues below.

Plaintiff was denied the right to refuse medication at Clara Maass. After a treatment team meeting where I refuted the need for antipsychotics and informed the team's psychiatrist that I would use an upcoming scheduled appearance in court to "argue a need for them and let the court decide the necessity of medication", the psychiatrist removed my name from the list of committees to appear in court that date.

Defendant's short term care facility has what it calls a "2-step program" where committees' refusal of medication is effectively disallowed. It is a procedure where the treatment team's psychiatrist's prescription is seconded by a so-called 'independent' psychiatrist and the patient is then forcibly injected with the drugs thereafter – the option to take the drugs orally is presented to prevent physical restraint for the injection.

Mental incompetence unavoidably restricts such treatment decisions by the mentally ill; however, NJ statutes prohibit the assumption of mental incompetence of the mentally ill. A test for mental incompetence of an unsound mind is in active manifest symptoms of schizophrenia, past or present.

That the STCF' psychiatrist falsely added (or fused, simultaneous) manifest symptoms (qualifying for the diagnosis) of schizophrenia to a nonexistent mood disorder (and note here, the bipolar disorder is bald – not bipolar with psychosis for example) allows defendant to finally forcibly drug the patient subjected to RWJ Barnabas Health STCF' 2-step program.

AS a general noncompliance matter, instant complaint notes that defendant's short term care facility at Clara Maass does not provide the opportunity for physical exercise as called for in State regulations. N.J.S.A. 30:4-27.11d (b) (8)

F. Pre-Action Steps and the Need for This Action : Indicated Amendments to Current NJ Regulations and Compliance Guides

Mentioned in the preceding, plaintiff complained of defendant, St. Joseph's grossly incompetent screening services, unprofessional patient relations, and False Claims irregularities in billing plaintiff for a psychiatrist' (clinical) evaluation and/or other ER physician (clinical) examination that was not executed. It is dated 9th March 2019. (Ex. 5)

Following my telephone communication to St. Joseph's Patient Relations department, defendant was further told by plaintiff of these grievances, I followed up this

communication with a written statement, emailed dated, 12th March 2019 (Ex. 2). Defendant's written response was sent to plaintiff via regular mail. It purports to have conducted an investigation into the matter and concluded that plaintiff received an "extensive evaluation". It is dated 25th March 2019. (Ex.1).

As part of the Corporate Compliance requirements of the (2006) $260 million qui tam False Claims Act penalties, defendant, RWJ Barnabas Health instituted a Regulation and Compliance Hotline. Plaintiff registered a complaint there of their false diagnosis and forced medication, with particular emphasis for information on their 2-step program. This was done some time in late January or early February of 2019. I was informed that I would hear back from them on or around 1st March 2019. As of the date of this complaint, defendant has made no response. A follow up call by plaintiff to defendant on 28th March 2019 was ignored. The Call Report ID: SBH-19-03-0003 and Pin #: 6201.

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This case has given rise to the need for revised regulations that will more effectively check False Claims medical malpractice such as substantiated in the ease with which screening services providers like St. Joseph's and the STCF of RWJ Barnabas Health can manipulate current regulations of their respective services. Government funds for these services are subject to practically effortless fraud and abuse from these providers, as evinced here in the falsification of document to the court for the necessary court order, capitalizing on unnecessary treatment for the false diagnoses given, the cost of related (blood) tests for the unnecessary drugs in the first place, plus the charges for each day the committee is held at the facility.

Further, *31 U.S.C. § 3729 et seq* guards against fraud and abuse by healthcare service providers are ultimately a matter of public safety and False Claims practices by these service providers present a safety risk to the public. For example, side effects of unnecessary medication – a falsified need for the drug / not medically indicated, to begin with - can be life-threatening.

1. **Wherefore the Complaint Proposes the Following:**

Where a screening service is used, the second certifying psychiatrist or other physician must be a neutral party, that is, one not affiliated with either the screening services or the short term care facility; funding is to be set for an on-call private physicians 'per diem' program to execute the second clinical certification. It is a proactive measure to prevent the fraud in the first place. The screening facility's claim of the patient's need for involuntary commitment to treatment is impartially scrutinized, since the STCF has the vested interest of ratifying whatever the referring entity states to get money from the stay at the facility but the 'independent' physician – NOT affiliated with /paid by either provider does not. The complaint stresses here that this measure does not do away with the assessment within 72 hours of commitment at the STCF – rather, it amends that that clinical evaluation upon the institution of the commitment is to determine course of treatment during commitment, rather than (as it is now abused by FC actors) to conclude need of commitment to treatment at the STCF' service.

The Court considers that this complaint of False Claims frauds and abuse by both the

screening service provider and the STCF, both skilled one perhaps more so, (RWJ Barnabas Health, Inc in combined penalties has paid over $270 million to satisfy federal FCA penalties), if history is any predictor of future conduct, defendant's STCF will not likely turn away anyone referred for their services - whatever the fraud this actor needs to perpetrate. The STCF can No longer be the second certifying agent. It is too easy to manipulate billing government funded programs.

Further, whereas defendant, RWJ Barnabas Health, Inc. services over ½ the State's population, the risk to public safety (from falsified needs for drug treatment for instance) is too great not to address / implement this public welfare measure. For all that it effectively bars fraud at the root it is finally a public safety guard.

In that, the funding for the 'per diem program' will implement a preventive to fraud and abuse of the system and therefore cut waste of funds, it is cost effective – saving money by reducing the ease of False Claims practices by healthcare services in keeping with the goal of Congress in the *2005 Deficit Reduction Act*, here in providing for that which drains Medicaid and Medicare primarily, False Claims actions by health care providers.

As to the referring screening service, their services, dependent on government funds as they are financial incentives will motivate them to declare anyone coming through their doors as a referral to a STCF. The number of referrals by the screening services should not dictate continued funding received and more stringent regulations to ensure what here smacks of kickbacks is not further incentive to the screening service to refer to the STCF, *42 U.S.C. § 1320a-7b(b).*

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Additionally, in that, this matter shows that healthcare professionals, under color of law, can (and do) effortlessly present doctored, incompetent, fabricated material to the court in their various False Claims actions, it seems necessary to be able to - as easily – verify their certifying statements to the court. To that end these proposed guides call for a verbal (in addition to the written) recording of the required clinical evaluation. As seen in instant matter' certifying claims of defendants' respective perjured statements, discovery efforts for the verbal recording of the standard clinical examination would return no such evidence from the screening service whereas no clinical examination was performed. No recording of an exchange between plaintiff and the certifying psychiatrist could possibly reveal what she claimed – I had no such conversation with her, my only exchange with her was as to the 'single-sentence' put above. The certifying statements of defendant's psychiatrist are inventions and where any came from the facility's screener it is unlawful to substitute for her personal clinical examination as per standards of the court. *DiGiovanini v. Pessel* (A.D. 1969), argued below. Findings from the feigned clinical evaluation of the STCF would record statement from the psychiatrist of reading another's chart in response to plaintiff' denial of thought disturbance requisite, and therefore provide additional proof of defendant's denial of probative facts in fabricating claims of thought disturbance/ mental illness to the court.

Simply: the proposed verbal recording of the clinical exams in instant matter would effectively show that as to both FC actors, neither at the screening service nor STCF, did plaintiff state / admit to, or in any way indicate (implied/expressed) paranoid thoughts specifically or generally of telephones and emails /technology. Plaintiff's denial of this

witnessed by the nurse at the STCF would be corroborated in the recording; and likewise of other false (albeit expedient) claims by these healthcare services.

To be clear, the proposal for a verbal recording is of the clinical examination, to be protected by the same professional confidentiality guards as the written medical (certifying) report; however, to note in passing, a full recording of the 'crisis team' interchange at the screening service held by the provider as part of the required physician clinical evaluation would be conclusive of the fact that at NO point did the psychiatrist of this team test /asked a clinical examining question. It would evince that she in fact did not execute a clinical evaluation, in violation of court standards. N.J.S.A. 30:4-27.2b

A further proposal is that all the certifying statements of the certificate should be shared with the committee *before* submission to the court for the commitment order, as a matter of informed consent under due process guarantees. That is, the person should be given all the information of the service' conclusion of the nature of the mental illness, the dangerousness to self, others, or property that it causes and why this level of liberty deprivation (vs. a less restrictive setting) is needed. A full page added to the certificate seems indicated here where the patient / committee signs (checking off on each of these statements) in acknowledgment of 'informed consent.' Allowances for the patient deemed mentally incompetent by virtue of the illness apply where the next of kin or power of attorney needs to sign. Having a mental illness does not automatically impute mental incompetence as argued herein and as the physician, with any competence, would

know. The measure of the verbal recording provides additional guard from FCA healthcare providers' manipulations herein. Defendant, RWJ Barnabas Health False Claims practices touches on this type of manipulation.

Further, for all that the courts in 1976 relaxed the 'affidavit' status of the certifying statements in the pursuit of the commitment order, a valid clinical certificate is held to the same credibility standard as any other document seeking a grant from the court. The certifying physician should have full knowledge that penalties of perjury apply to any false or falsified information. That should be clearly written on the certificate, above the physician's signature.

ARGUMENT

I. FALSE CLAIMS ACTS OF INTENTIONAL SIGNIFICANT INCOMPETENCE OF MALICIOUS MEDICAL MALPRACTICE CONSTITUTES SUBSTANTIAL VIOLATIONS OF PROCEDURAL AND SUBSTANTIVE DUE PROCESS LAWS AT ST. JOSEPH'S MEDICAL CENTER, THE SCREENING FACILITY. THIS LED TO THE FALSE INCARCERATION OF PLAINTIFF AT AN INVOLUNTARY COMMITMENT FACILITY AND GROUNDS PLAINTIFF'S LIABILITY CLAIMS UNDER THE FEDERAL FALSE CLAIMS ACT PROVISIONS OF*31 U.S.C. § §3729- 3733* AND CONSTITUIONALLY PROTECTED CIVIL RIGHTS OF*42 U.S.C. § § 1981 and 1983*

i). It is established by the court that the question of being committable is a legal -not medical- one. In fact, medical terminology may not substitute for statutory standards (*Matter of Commitment D.M.* supra 313 N.J. Super. at 450). The state of New Jersey has set those statutory standards in N.J.S.A. 30:4-27.1 et seq and Court Rule 74-7. The burden of proof rests with the state to provide clear and convincing evidence for

the need for involuntary commitment.

Federally protected due process guarantees scrupulously guard procedural and substantive requirements for the legal standard for "clear and convincing" evidence to institute involuntary commitment. In *Addington v. Texas,* 441 U.S. 418; 99 S. Ct. 1804; 60 L. Ed.,2d 323 (1979) a unanimous court concluded that the Fourteenth Amendment due process provisions require clear convincing standard of proof in a state involuntary commitment proceeding. The State of NJ holds to this principle. In *M.M.,* 384 N.J. Super 313, 894 A.2d 1158 (A.D. 2006) the court's adjudication invoked State guide, Court Rule 74-7(b) that reads in part 'a person is in need of involuntary commitment when there exists clear and convincing evidence that (1) the patient is mentally ill, (2) that mental illness causes the patient to be dangerous to self or others or property as defined by NJ.S.A.30:4-27.2h and -2.i,(3) the patient is unwilling to accept appropriate treatment voluntarily after it has been offered, (4) the patient needs outpatient treatment or inpatient care at a short term care or psychiatric facility or special psychiatric hospital and (5) other less restrictive alternative services are not appropriate or available to meet the person's mental health care needs. [Where] inpatient treatment is recommended, the [clinical and screening] certificates shall indicate that the patient is immediately or imminently dangerous to self, others or property or outpatient treatment is inadequate to render the patient unlikely to be dangerous within the reasonably foreseeable future.

In the matter of *D.C.* 281 N.J. Super. 102, 656 A.2d 861 (A.D. 1995) reversed 146 N.J. 31,679 A. 2d 634 (1996) the State affirmed that, "there can be no deviation from strict

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statutory procedures for involuntary commitment". This holding by the court was upheld in *J.R.* 390 N.J. Super 523,916 A.2d 463 (A.D. 2007), as a matter of constitutional rights. The legal standards of those requirements are set forth in New Jersey state law, N.J.S.A.30:4-27.1 et seq., further guarded in state statutes, N.J.S.A. 4D-1et seq, and § 2A:32C Sections 1 through 15 and sections 17 and 18 [*C.2A:32C-1* through *C.2A:32C-17]* / New Jersey False Claims Act (NJFCA – essentially, New Jersey's adoption of the Federal FCA in 2008), among other guards. Under *31 U.S.C. § 3732 (b)* the federal court may hear claims brought under the State FCA.

In this matter the Court finds that defendant, St Joseph's, the screening service provider, perpetrated False Claims fraud in making false or falsified statements of a certifying report and further billed for services falsely claimed to have been rendered. Unlawful under *§ 3729 (a)1(A),(B)* where this defendant both knowingly falsified statements in order to receive payment from government funds and knowingly facilitated the perpetuation of further false claims so that benefited also codefendant.

Ex. 1 is St. Joseph' response to plaintiff' 12th March 2019 complaint to the service at Ex. 2. In this the screening facility strenuously declares compliance with New Jersey legal standards and definitions of a person in need of involuntary commitment - categorically false.

State regulatory guides to begin commitment proceedings in the State of New Jersey set out in NJ Court Rule 4:74-7(b) at the first two of the above-given five stipulations that the person must have a mental illness and that mental illness must cause the person to be

dangerous. The court gives the legal determiners /definition for mental illness and inflexibly guard the standard for competent facts to establish the presence of a mental illness and that the person is dangerous because of that illness. At N.J.S.A. 30:4-27.2r, the legal definition for Mental Illness is, "a current, substantial, disturbance of thought, mood, perception or orientation which significantly impairs judgment, capacity to control behavior or capacity to recognize reality [and is not a function of mood altering chemicals, organic brain syndrome or (organic/medical peripheral – i.e. not causative of the disorders listed here) developmental disability]. Dangerousness to self , to others or property is also legally set out in N.J.S. A. 30: 4-27.2h and N.J.S.A. 30:4-27.2i respectively and both are clear that this matter of dangerousness must be squarely founded in the mental illness, stating, "by reason of the mental illness [the individual is a danger to self, others or property]".

Where a standard is met in the person presenting with violent and / or unstable behavior, the screening service falsely implied plaintiff needed to be stabilized in prefacing further fabrications of Ex.1. Defendant's letter falsely insinuates that I was "given a crisis stabilization bed " – [and then] - clinically evaluated or to use their words received an "extensive [clinical] evaluation". This is completely untrue. The fact of the matter is I was never clinically evaluated at this service - before or subsequent any stabilization. I was on a gurney for 12 hours requiring and getting no stabilization service – from about 11:00 pm to about 11:00 am – as verified in the services' own fabricated certification for need of commitment for services. The screening service' psychiatrist gives the time frame of her purported clinical evaluation of plaintiff at 10:45 am – 11:15. Ex.4a. As

labored however, I was Never clinically evaluated at the screening service.

There was NO stabilization measure taken because there was No presenting unstable behavior. And, there was NO clinical evaluation. The certifying psychiatrist for the screening services Never once inquired, examined, tested, evaluated for the presence of a mental illness and Never assessed for dangerousness in any degree – substantial or otherwise (court standard is "substantial dangerousness as defined at N.J.S. A. 30: 4-27.2h and N.J.S.A. 30:4-27.2i) and she made no attempt in any way to ascertain that [that] /a mental illness caused plaintiff to be a danger to self, others, or property.

Plaintiff saw this defendant's psychiatrist, one Dr. Jennifer Taylor while still, after 12 hours, sitting and stable, on a gurney in the service' ER hallway. In addition to violating due process guarantees , substantial and procedural, in the failure to conduct the clinical exam, Dr. Taylor further denied due process provisions of constitutional law when she failed to give plaintiff the basis for the determination that plaintiff is in need of commitment or commitment to treatment in defiance of *42 U.S.C. §1983.*

In *M.G.* 331 N.J. Super 365, 751 A. 2d 1101 (A.D. 2000) the court teaches that where there was no immediate / imminent risk / emergent condition, plaintiff' 'informed consent' rights cannot be overridden and the Constitution protects guaranteed freedoms to test the validity of the actor's determined /concluded treatment option(involuntary commitment here). As observed at this defendant's, plaintiff was and had been stable for a continuous 12 hour period at the time of their 4-person crisis team interchange, and the prior screener' report could not factually state the presence of any (pre)existing

symptoms of a mental illness. None exist. In the manufactured certifying statements arising from a nonexistent clinical evaluation, the Court appreciates that this a complaint of False Claims, fabrications of inventing information as well as fabrications of dismissing facts, characterize this screening service' healthcare provisions. (See Exs. 2&5 in a pre-action step regarding the gross incompetence of the facility's mental health screener, among others.)

The parlance of the screening certificate itself clearly states it is to be used for 'consensual admission" to a short term care facility where the individual is voluntary. I was never given an option, a due process denial of Court Rule 74-7(b) where it states, 'the patient is unwilling to accept appropriate treatment voluntarily after it has been offered'. Such deprivation of liberties inherent in involuntary commitment is taken seriously by the Court and privileges of informed consent apply.

The vastness of this defendant's civil rights abuse in the falsified claims of need of involuntary commitment or involuntary commitment to treatment in underscored by defendant' dismissal, ignoring of plaintiff's direct request for information / the reason for this determination. I do not have a mental illness; never once have had any symptom of any mental disorder. Ex.3 states that the same caller that fabricated a threat – not observed by, and indeed not even mentioned in the police report – also fabricated that plaintiff "has a mental illness and refuse to take medication for it" To repeat, I have no history of symptoms of a mental illness, I have never been evaluated, hospitalized, or in any way treated for (something I do not have) a mental illness and therefore cannot

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'refuse' to take medication never prescribed, or to touch on the point above, my denial of psychiatric treatment is in the facts that categorically deny a psychiatric history. A clinical evaluation would have given that, it also would disallow the subsequent manufactured diagnosis of a bipolar disorder. Defendant's False Claims pursuits for government funds willfully dismissed the fact that plaintiff has no psychiatric history; in fact, did not trouble to ascertain any facts – probative or not – of the existence of a mental illness. Under color of law, pretense of compliance with state statutes for establishing competent facts for the certifying statements, and in denial of federally protected guarantees the screening facility perjured claims to the court for the necessary order for involuntary commitment, wrongfully incarcerated plaintiff at a STCF, and subsequently billed for the false claims. Defendant's false claims acts are also a matter of civil rights violations under *42 U.S.C. §§1981and 1983.*

Plaintiff never signed – indeed, was denied that freedom whereas the screening service never gave me that option – the screening document. (Ex. 4a shows by name typed in – not signed.) The complaint's point here is that where there is a non-emergent clinical condition – the 'consent' is not left to the referring screening service and the admitting short term care facility. *M.G.* 331 N.J. Super 365, 751 A. 2d 1101 (A.D. 2000)

The service' screening form used variably for voluntary or involuntary commitment to treatment, plaintiff points to the constitution's vigilant guard of civil liberties in measures ignored by FCA defendant herein to conclude the need for such deprivation.

This suit' "extensive evaluation" of defendant's conduct substantiates this False Claims

actor' "malicious reckless indifference to plaintiff' federally protected rights for 'informed consent. *42 U.S.C. § 1981A (b)(1)* and is liable for uncapped punitive damages under *42 U.S.C. §§ 1981 and 1983.* Smith v. Wade, 461 U.S. 30, 56 (1983). Punitive damages are sought as to the substantial False Claims actions as well as the 'reprehensible character' of defendants' misconduct that extends to a total disregard for plaintiff's federally protected freedoms - the emotional distress effected by defendant's violations. *Hammond v. Northland Counseling Center,* 218 F.3d 866 (8th Cir. 2000).

Justice Blackmun' opinion for the majority on pre-deprivation constitutional guards in *Zinermon v. Burch,* 494 U.S. 113 (1990), argued specifically the unconstitutionality of deprivation of life, liberty, or property by the state that when it concludes the denial of due process the state is liable, as distinguished from state immunity where provisions of post-deprivation remedies causes those deprivations. Instant complaint supports state liability. Defendant cannot prevail on the notion that deprivation of such protections of the mentally incompetent is not necessarily unconstitutional whereas denial of due process in instant matter prevented the determination of mental illness, to say nothing of a further mental incompetence.

At issue is the dismissal of due process in the defendants False Claims of a fabricated mental illness and one that imputes mental incompetence -expressly at defendant, RWJ Barnabas. Highlighted where defendant denied New Jersey standards to test for mental illness – and logically therefore, dismissed diagnostic standard for mental competence, whereas, mental illness does not automatically impute mental incompetence,

Commitment of S.W., 158 N.J. Super. 22 (App. Div. 1978).

Defendant' willful wanton due process violations in this case is substantial for this screening service' incompetence and a matter for consideration of stemming government funding absent strict implementations to better ensure compliance with federal guides. Proposed is the required signature of the patient in acknowledgement that the certifying physician clearly described the mental illness and the diagnosis, and the 'dangerousness' to self, others, or property caused by that illness, - for example, stating back to the patient an admission of thoughts of suicide.

The screening service provided no legal/standard reason for need of commitment or need of commitment for treatment – and that denial of due process in deliberate refusal to answer my direct question to the screening facility's Dr. Taylor as to why I was being committed to the STCF. To my expressed request for what informed the service' determination for 'need of commitment or need of commitment to treatment' – of the 4-member crisis unit above, the nurse' (not the service's psychiatrist to whom I directed the question) answer altogether dismissed State standards as set forth in R.4:74-7(b) referring to a hearsay about my economic status – touching on nothing of the required presence of a mental illness or that that/a mental illness causes plaintiff to be a danger to self, others, or property. That 'economic status' hearsay was of my income not my ability to work – but provided fodder for/was falsified in defendant's manufactured need for commitment to treatment. Further, the screening facility not only engaged in false claims activity by disregarding facts, the provider manufactured / willfully falsified statements to the court

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regarding the statutory requirements for commitment in pursuit of the mandatory court order. Whereas the screening service' psychiatrist's willful certification of false and falsified information to the court is liable for penalties under State and Federal False Claims guides (*C.2A:32C-1* through *C.2A:32C-17*and *31 U.S.C. § 3729* et seq., respectively), her act of perjury under 18 *U.S.C. § 1621(2)* is also subject to penalty.

St. Joseph's False Claims conduct herein defrauds the government of funds for this screening service. The willful and malicious abuse of the system harmed this patient in false imprisonment from the perjured certificate. In the previous *Addington v. Texas,* 441 U.S. 418; 99 S. Ct. 1804; 60 L. Ed.,2d 323 (1979) the Court teaches that the Fourteenth Amendment of the Constitution prohibits the state from depriving a person's liberties without due process. Deprivation of liberties cannot be done at the whim of the state / an actor; such freedoms guaranteed in the constitution are staunchly guarded in federal laws, the Restatement (Second) of Torts, § 35; *25 CFR § 11.404*; and NJ Rev Stat § 2C:13-3 (2013) to cite three, this speaks to how roundly egregious defendant's unlawful self-serving False Claims conduct is.

NJFCA § 2A:32C-17 provisions also found in *31 U.S.C. § 3729-3733* remedies defendant' substandard (that is, more accurately, deliberate dismissal of court standards) screening service practice of equating the mere presence of their physician/psychiatrist (in the (/a) crisis team interchange) as sufficing the clinical examination requirement, and repairs damages sustained by the person so exploited in defendant's scheme to defraud the government.

ii). The procedural requirement of a court order upon the institution of involuntary commitment stipulates the basis for a grant of that order. It is founded on two clinical certificates - certifying statements of a clinical evaluation by two physicians. Court standards demand a clinical examination be personally executed by the certifying the psychiatrist or other physician. These certifying statements must be established in clear and convincing facts before the examiner personally – i.e. first hand and, or to put another way, the mandate for the certifying physician to have personally executed the clinical examination, is rigorously upheld in NJ laws. *DiGiovanini v. Pessel,* 104 N.J. Super 550, 250 A.2d 756 (A.D. 1969) affirmed in part, reversed in part 55 N.J. 188 [(1970)], 260 A.2d 510. In fact, the definition and legal standard of a 'screening certificate' is a 'clinical certificate executed by a psychiatrist or other physician affiliated with the screening service'. § 30:4-27.2y.

Nothing of this standard allows for the screening service' certifying physician to substitute or use another professional's assessment of the patient/person for the required personal clinical evaluation. Not a law enforcement officer's personal observation (as to N.J.S.A. 30:4-27.6(a)) - a matter that is particularly damning in this case whereas this defendant's False Claims out and out lied that I was brought to the screening centre by the police secondary – yet another fabrication, of - threatening behaviors NONE of which purported to have been reported by the police is found in the police report (see, Ex.3); nor is a mental health screener's assessment, N.J.S.A. 30:4-27.5(b) a substitute for the clinical examination personally done by the provider's physician /psychiatrist as *DiGiovanini v. Pessel* teaches.

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Defendant, St. Joseph's Medical Center, the screening service provider's adoption of the screening assessment as substitute for the personal examination of the certifying physician is unlawful, not competent for clinical evaluation standards. Moreover, whereas this False Claims healthcare provider has full knowledge of the standard of the service they are funded to provide, this willful negligence is a matter of intentional fraudulent malicious medical malpractice. In both defendant's letter (Ex. 1) and fabricated certifying statements (Ex.4a) the Court finds that this screening service provider' dismissal of legal standards in its fraudulent pursuit of government funds is conduct compounded with trespass of constitutionally protected rights.

Due process, roundly aggrieved in this provider's holding that its certifying psychiatrist' physical presence of the 4-person crisis team interchange and is somehow substantive of the required personal clinical exam whereas she did not conduct the standard test for the presence of a mental illness and at no point troubled to ascertain particular facts - clear and convincing evidence – that the patient / plaintiff poses a threat to self, others, or property - Dr. Jennifer Taylor' fraudulent malicious medical malpractice could therefore only descend to the False Claims maneuver of her manufactured certifying statements.

Absent the necessary clinical evaluation, Dr. Taylor's certificate relied on fabricated claims. Where at § 30:4-27.2r the State' requirement for mental illness mandates the presences of current, substantial disturbance in thought, Dr. Taylor lied completely to the court in her invention that plaintiff is paranoid, irrationally fearful of telephones and emails. (id. at Ex. 4a) At No point did I state, expressly or implicitly, this to her. The

psychiatrist asked me Nothing of this. She asked me nothing regarding anything to be exact. The extent of my interaction with her was listening to her single-sentenced concurrence with my reasoning to have gone to 'jail' versus the 'hospital' (see above); as for questions, I was the one to put one to her, and that request was for her to give me the facts determining a need for involuntary commitment to treatment / "why" am I being sent to a STCF? A question to which she did not respond – gave no answer, at all.

I was surprised to learn from the habeas corpus of the manufactured statement of [my] paranoia, my extreme fear telephones and emails. It is so completely untrue and at no time did I have any conversation with anyone about this nonexistent condition that this invention, expedient to fill the 'presence of disturbed thinking' requirement, is prima facie False Claims as a matter of intentional malicious medical malpractice effecting among other damages complained of, the emotional harm of the false imprisonment / the unlawful commitment at the STCF.

Defendant's certifying psychiatrist' intentional malicious malpractice continued in the fabricated statement she brandished before the court to substantiate that plaintiff is in need of commitment to treatment due to danger to self, in her manufacture, '[plaintiff] does not eat, sleep, or take care of herself'. Again, this condition is wholly unknown to me.

Exploitive and self-serving defendant' psychiatrist would manufacture a diagnosis of bipolar disorder founded on NO symptoms at all. Outright fraud, this wholly invented, expedient - intentionally incompetent medical/clinical diagnosis of defendant' False

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Claims illegalities.

iii) New Jersey Statutes § 30:4-27.1 et seq. were extensively violated in the significant due process denials of the screening facility's False Claims statements to the court; further, in that these frauds served to get payment from/ keep government funds to, the hospital for screening services, defendant is liable under Sections 1 through 15 and sections 17 and 18 [C.2A:32C-1 through C.2A:32C-17] of NJ codes governing State funds to screening services; and New Jersey's Health Care Claims Fraud Act at N.J.S.A. 2C:21-4.2 & 4.3; NJS 2C:51-5 accords with N.J.S.A. 30:4D -17(a)-(d) to grant plaintiff's civil damages demand.

The False Claims acts as to *§ 3729 (a) 1(A)(B)* evinced herein, where defendant, St Joseph's, the screening service provider, perpetrated False Claims frauds in making false or falsified statements of a certifying report and further billed for services falsely claimed to have been rendered, additionally, knowingly facilitated the perpetuation of further false claims so that benefited also codefendant the STCF used in their referral for commitment; the complaint states, federal laws are intolerant of kickbacks in such arrangements as this where the FCA necessarily involves another, as here where the screening service and the STCF to which they refer have a mutual symbiotic FCA relation. *42 U.S.C. §1320a-7b(b)(2)* states that it is unlawful to knowingly or willfully refer of an individual for a service for which payment may be made in whole or in part from a Federal health care program. The court notes here the importance of the prohibitive proposal above to have the second of the two clinical certificates for the

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temporary commitment order done by an independent psychiatrist – not affiliated with either the screening service or STCF.

Defendant's False Claims rush to commit plaintiff substantiated in intentional malicious medical malpractice, resulted in the false imprisonment of plaintiff. The screening service' psychiatrist failed to examine plaintiff and temerariously defied due process, constitutional grants, and of course, court standards, any legal requirement to establish need for involuntary commitment or need for involuntary commitment to treatment in the psychiatrist's perjured statements to the court, the malicious purposeful false and falsified statements of her certificate for the order intended to place plaintiff in a restrictive environment.

The elements of false imprisonment are set forth in the Restatement, (Second) of Torts, § 35 (1965):

> (1) An actor is subject to liability to another for false imprisonment if (a) he acts intending to confine the other or a third person within the boundaries fixed by the actor, and (b) his act directly or indirectly results in such a confinement of the other, and (c) the other is conscious of the confinement or is harmed by it."

Quoting, *Fair Oaks Hospital v. Pocrass,* 266 N.J. Super, 140,628 A. 2d 829 (L.1993)

In this false imprisonment is evinced too, a 'referral' that would 'validate', however fraudulently, the screening services public need, meant to justify government funding for this service - in total abuse of the system to defraud the government. *31 U.S.C. § §3729- 3733* is joined globally by federal laws in condemning defendant's conduct.

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II. DEFENDANT RWJ BARNABAS HEALTH CONTINUES THE HEALTH CARE PROVIDER'S PRACTICE OF FRAUDULENTLY OBTAINING MONEY FROM GOVERNMENT FUNDED PROGRAMS AT ITS SHORT TERM CARE FACILITY OF THIS COMPLAINT, CLARA MAASS. DEFENDANT'S FALSE CLAIMS CONDUCT IS SUBSTANTIAL FOR THE SERVICE' VIOLATIONS OF CIVIL RIGHTS, DISMISSAL OF DUE PROCESS, PERPETRATION OF INTENTIONAL MALICIOUS MEDICAL MALPRACTICE OF A FALSE DIAGNOSIS FOR THE PURPOSE OF FORCING MEDICATION, SUBSEQUENTLY FORCED MEDICATION, FALSE IMPRISONMENT, AND VIOLATED OTHER LAWS SUCH AS DELIBERATELY PREVENTING PLAINTIFF FROM SPEAKING TO THE COURT. DEFENDANT MADE BILLING CLAIMS TO PLAINTIFF AND GOVERNMENT FUNDED PROGRAMS FOR THESE FRAUDS PER SE AND FOR THE TIME OR DURATION OF THE FRAUDS , I.E. EACH DAY PLAINTIFF WAS SUBJECT TO THESE FALSE CLAIMS ACTIONS AT THE FACILITY

i)Whereas the screening facility' clinical certificate False Claims violations dismissal of court standard for probative facts, clear and convincing evidence that establishes the certifying statements for the necessary court order is a matter of denying procedural due process in not performing the clinical examination, the STCF' False Claims founded clinical certificate defied court standard for any proof for its certifying statements before the court, as a matter of violations due process more weighed as to substance over procedure. In *Poe v. Ullman,* 367 U.S. 497, 540 541 (1961) Justice Harlan for the dissent argues that constitutional guarantees of due process are not limited to guarding procedural fairness, writing, "[due process] in the consistent view of this Court has ever been a broader concept . . . . Were due process merely a procedural safeguard it would fail to reach those situations where the deprivation of life, liberty or property was accomplished by legislation...", and goes on to develop that due process guarantees are not confined to the mere 'operation' of legislation, they are much more encompassing,

meant to protect the substance of the freedoms they guard, the 'enjoyment of all three'; wherefore, the prerogative of due process safeguards against deprivation of life, liberty or property are more far-reaching than procedural compliance.

Of the three, plaintiff was deprived liberties, resultant substantive due process denial. In a feigned clinical examination, the STCF' psychiatrist simply disregarded any of my answers to his questions. As put, I might as well not have been present at the examination for all the regard to my denial of any symptoms of a mental illness and the allegations of dangerousness. So that, my denial of being afraid of telephones and emails (a strong denial given my surprise of a condition so unknown to me) was ignored, used rather for a general paranoia of technology – a broader content of 'disturbance of thought'; codefendant' fabricated lack of self-care (also completely unknown to me) was left to stand for 'danger to self'; further, that the police report relied on to corroborate these FC actors' 'danger to others' actually supports my denial of the caller' now admitted fabrication of a threat, substantiates that this false claims actor' procedural evaluation' denial of the required court standard of examining for facts (probative or not) that must establish the presence of a mental illness and that that mental illness has caused me to be dangerous, is a denial of due process.

The STCF did note the lack of a psychiatric history /treatment – no presenting psychiatric issue; however, seasoned False Claims actors we find that the facts are completely irrelevant to this healthcare provider. State mandates for the particular /clear and convincing facts to establish the court determiners for need for involuntary commitment

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to treatment are falsified to the court in defendant's perjurious pursuit for the necessary order. RWJ Barnabas Health' STCF treatment team psychiatrist by acts of omission falsified the facility's certifying statements for the temporary order of commitment. More active false claims illegalities would follow. The screening service' incompetent (/invented) diagnosis of bipolar disorder was left undisturbed, despite the examining psychiatrist's expressed acknowledgment of the lack of clinically needed psychiatric history (the absence of manifest symptoms of the disorder spoken of below), reminiscent of –by omission- his falsifying the certifying statement of paranoia, even after responding to plaintiff's denial of codefendant's manufacture, by saying this condition relates to someone else – not plaintiff, whereas, he was 'reading someone else'' chart. The psychiatrist would subsequently build on this nonexistent mood disorder in further compounded falsehood of the fabrication of a diagnosis that combined the nonexistent mood disorder to wholly absent symptoms of schizophrenia for the False Claims purposes of forcing medication, longer stay at the facility, and tests for monitoring the drugs. RWJ Barnabas Health' short term care facility (STCF), Clara Maass failure to execute the standard clinical evaluation stipulated in N.J.S.A. 30:4-27.1 et seq in substantial due process violations of intentional medical malpractice, ratified and capitalized on in further False Claims practices, the perjured screening certificate of codefendant, St. Joseph'.

The STCF duly questioned plaintiff within 72 hours of admission, as procedurally required, but whereas the examination dismissed the standards of R. 4:74-7(b) that reads: "The two certificates required for commencement of an action [for involuntary

commitment or involuntary commitment to treatment] must state with particularity the facts upon which the psychiatrist, physician or mental health screener relies in concluding that (1) the patient is mentally ill, (2) the mental illness causes the patient to be dangerous to self or others or property as defined by N.J.S.A. 30:4-27.2(h) and 27.2(i), and (3) appropriate facilities or services are not otherwise available. R. 4:74-7 (b) (3)(A)." (*THE INVOLUNTARY CIVIL COMMITMENTS RESOURCE BINDER– OF NEW JERSEY COURTS*),

the STCF' sham clinical exam is in abject denial of substantive due process. *M.M.*, 384 N.J. Super 313, 894 A.2d 1158 (A.D. 2006)

The STCF' certifying psychiatrist deliberately withheld information on the certification that would prevent a mental illness diagnosis and falsely claimed that plaintiff had symptoms I expressly denied. Further, the STCF' psychiatrist manufactured a set of symptoms found nowhere in plaintiff's medical history- that is, the STCF fabricated a diagnosis (expedient for forcing medication) that manufactured symptoms in addition to codefendant's already fabricated ones. Defendant, the STCF' substantive due process violations in the sham clinical evaluation intended to certify need for their service, grounds plaintiff's complaint that she was denied the required and standard clinical examination of the STCF' certification, *Plain v. Flicker*, 645 F. Supp. 898 (D.N.J. 1986) arguing among other issues, "The Fourteenth Amendment of the Constitution provides in part that no state shall deprive any person of life, liberty or property without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws. [And upholds this complaints remedy demand under] *Title 42 U.S.C. § 1983* [that] provides a remedy for deprivations of rights secured by the Constitution and laws of the

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United States when deprivation takes place "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory...." Defendant's liability is further sustained under section *1981 (c) of Title 42* and *18 U.S.C.§ 242* that in this matter of intentional tort by government funded program providers, the deprivation of constitutionally protected due process in expressed violation of state regulations – under color of state statute, defendant submitted to the court perjured statements for the necessary court order – for the abusive purpose of false imprisonment that would then be used in defendants False Claims billing for government funds. See, *West v. Atkins,* 487 U.S. 42 (1988); *Lugar v. Edmondson Oil Co., Inc.,* 457 U.S. 922 (1982); and *Griffin v. Breckenridge,* 403 U.S. 88 (1971) for the competence of plaintiff' liability claims against defendant'/ this government funded service provider' color of law False Claims practices. Applicability is further invoked under this remedial statute of Title 42 – codified provisions of The Public Health and Welfare – whereas remedy is also sought for institution of regulations that protect the public at large from defendant's practice of deprivation of constitutionally guarded due process freedoms. Recall complaint' proposals for statutory changes to instant healthcare providers' that effectively prohibits defendant's False Claims practices by diverting funds to the called-for 'per diem' program for a truly independent physician to second the screening service' certifying statements. Instant matter shows defendant's False Claims practices to be substantiated in civil rights violations, deprivation of constitutional freedoms, acts that in addition to individual harm defraud the government. As a matter of public interests, in keeping with Congress' *2005 Deficit Reduction Act* (healthcare services False Claims frauds are a

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major drain of government funded Medicaid) plaintiff asks for implementation of complaint' proposals.

ii) The STCF certifying psychiatrist, one Dr. Adarsh Reddy' perfunctory examination rises above the mere rote (and/or innocuous) execution of a duty, it initiated what characterized Clara Maass healthcare service provisions to committee: marked intentional malicious medical malpractice in round False Claims practices. With calculated purpose defendant's certifying psychiatrist maliciously did not establish the existence of a mental illness and made no attempt to ascertain clear and convincing facts that plaintiff is dangerous to self, others, or property because of that illness as required by statute. Dr. Reddy' certificate of plaintiff's need for involuntary commitment to treatment at Clara Maass manipulated set legal standards by the State – in willful, deliberate fraud and abuse to get money from government funded programs. § 2A:32C-3. Dr. Reddy's medical malpractice of fraud, deception, and misrepresentation (N.J.S.A. §§ 45:1 – 21 (b) and (o)) at Clara Maass profited defendant in its charges to Medicaid and public Charity funds in these False claims, and that with abandon. This matter evinces in RWJ Barnabas Health' fraudulent schemes here a billing practice reminiscent of 'price gouging' or variant thereof, where this healthcare provider charges increases overtime by multiplying the original bill several times over. See, Ex. 12a, b & c, where plaintiff's portion of defendant' bills to Medicaid and Charity funds for the same service went from $524.00 on 1/14/19(Ex.12 a) to $2,446.00 four weeks later on 2/11/19(Ex.12 b), by April 8th '19 it was $2,650 (Ex. 12 c).

Plaintiff asserts that defendant (like codefendant) is liable for false imprisonment.

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In violations of Constitutional protected due process guarantees RWJ Barnabas Health built on the False Claims of codefendant St. Joseph's, which abusive irregularities resulted, as intended, in plaintiff's commitment – imprisonment at the STCF – clearly, false imprisonment, *Restatement, (Second) of Torts, § 35 (1965); Fair Oaks Hospital v. Pocrass,* 266 N.J. Super, 140,628 A. 2d 829 (L.1993). Plaintiff's damage claims are proper for this "profound and dramatic" confinement resultant deprivation of federal guarantees. A further quote from *Fair Oaks,*

"... involuntary commitment the confinement of people who have committed no crime and have not in any way violated the rules of our society is a profound and dramatic curtailment of a person's liberty and as such requires meticulous adherence to statutory and constitutional criteria. In fact, the United States Supreme Court has time and again recognized this proposition that a great deprivation of liberty results from involuntary civil commitment..."

Defendant's dismissal of standard for probative facts on which to conclude the mental illness and dangerousness requirements for commitment has profound repercussions. In *O'Connor v. Donaldson,* 422 U.S. 563, 575-76, 95 S. Ct. 2486, 2493-94, 45 L. Ed. 2d 396 (1975) the court speaks of the right of the "non-dangerous person to be free from confinement in a mental hospital". The case would set federal standards in the context of due process protection for such deprivation of liberties as framed in Constitutional provisions of the Fourteenth Amendment.

Neither defendant proffered any particular fact that plaintiff is a danger to self, others or property. Like their codefendant service provider defendant denied due process as argued, in the service' failure to examine for the facts of its certifying statements and

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reliance on the police report, however irregular (see, *DiGiovanini v. Pessel* above), that counters the False Claims actor's statements of dangerousness. Instant False Claims actors completely fabricated claims of dangerousness – the one of danger to self – particularly inventive, arising from nowhere – danger to others or property denial of the fact that this is made-up by the caller to the police whose report did not carry this fabrication. The police observed nothing that supported the caller's fabrication. (Ex. 3)

In this False Claims matter, defendant RWJ Barnabas Health 'maliciously adhered' to skilled False Claims practices (as opposed regulations / statutes) and in this, the healthcare service perpetrated several violations of N.J.S.A 30:4D – 1 et seq. in fraud and abuse as to State law, *C.2A:32C-1* through *C.2A:32C-17* adopted from federal codes of *31U.S.C. §§ 3729-3733.*

RWJ Barnabas Health' treatment team psychiatrist in pursuit of government funds for the STCF services, fraudulently/ maliciously did not correct an acknowledged (and that by the psychiatrist himself) manufactured (from co-defendant, the screening service) thought content disturbance - a needed element for mental illness as defined at N.J. S.A. 30: 4-27.2r. Where the screening certificate fabricated that plaintiff is paranoid of the telephone and email, Dr. Reddy' response to plaintiff's expressed denial of this was to say that he, Dr. Reddy, was 'reading someone else' chart – (not plaintiff's) Unscrupulously however, plaintiff learned later, Dr. Reddy' clinical certificate recorded this denial as plaintiff' fear was of 'technology' in general, his own falsification of the invented expedient claim for the commitment court order.

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Expediently also, the STCF' certification left undisturbed the screening service's fabrication that plaintiff does not care for self – as substantive for 'dangerousness to self'.

Court standard for 'particular fact' was quite immaterial to either defendant for substantiating either mental illness or dangerousness - and logically therefore the requirement of that that mental illness causes plaintiff to be dangerous.

Plaintiff's denial of violence or threatening behavior to the caller of the fabricated police report would not prevent the falsifications by defendant(s) that plaintiff is 'dangerous to others'. The False Claims action of the STCF (like the screening service') dismissed assessing for/verification of the facts of this 'dangerousness' standard. N.J.S.A. 30:4-27.2i. That the police found nothing supporting the allegations made by the caller was not considered (for all the screening service' note that "no knife was found"). The police responding to the call investigated the allegations and found nothing substantiating them. Additional falsification of "dangerous to others" state plaintiff 'sprayed Lysol in her mother's face' (Ex. 4a) To my certain knowledge I have never used Lysol in any capacity – not even while getting advanced credits in organic chemistry in college. A complete fabrication, I had no knowledge of this further allegation by the caller until reading the certifying statements of instant False Claims actors / defendants). In that the caller retracted her allegation of threat, the police found no support for it – in true False Claims mode, defendants expediently omitted this information in falsified certifying statements to the court, in NJFCA violations.

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The matter of *D.C.*, 146 N.J. 31, 679 A.2d 634 (1996) teaches that the final decision on 'dangerousness' for involuntary commitment to treatment is a legal, not medical one, and is established in 'clear and convincing' facts of the courts' set standards. N.J.S.A. 30:4-27.2i, h, & m. Whereas the police responding to the threat allegations found nothing of plaintiff posing a threat / physical risk to another and the caller herself retracting the allegation, there is nothing supporting the standard for 'substantial dangerousness'.

iii) That plaintiff threw food items in a garbage bin (held in the certificates as 'particular fact' of destruction to property / 'clear and convincing evidence' of substantial dangerousness) is refuted in the fact that the garbage bin is a normal, appropriate receptacle for food thrown away, no one was present (/caller) was not present when the food was being thrown out – no one was in the path of the objects tossed in the garbage, and neither the garbage bin nor any property was destroyed in the process. The final written police report carries nothing of this non-probative for 'danger to property' held in the certificates. (Ex.3) There was no destruction of property, let alone the required 'substantial destruction of property'. See, *M.G.* 331 N.J. Super 365, 751 A. 2d 1101 (A.D. 2000); see too, the *State v. Krol*, 68 N.J. 236, 344 A.2d 289 (1975) where the court labors the importance of establishing 'substantial dangerousness' for certifying a need of involuntary commitment or involuntary commitment to treatment as opposed criminal 'dangerousness' to distinguish the need for treatment of the psychiatric/psychological malady that causes the committee to be dangerous from public safety responses to /incarceration regarding criminal acts of danger.

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iv)Defendant' STCF Clara Maass began the unlawful forced drug treatment of plaintiff on or about the 10th day of my20-day period at the facility. The treating psychiatrist, Dr. Reddy, implied some grasp of the medical incongruity of medicating nonexistent symptoms vis a vis his answer to plaintiff' question of that the given diagnosis was "tentative bipolar disorder" and qualified 'tentative' in the expressed disconcerting business of plaintiff having no presenting psychiatric history/treatment, clinical manifest – no symptom to base the diagnosis.

The mental disorder/illness of bipolar disorder (I or II for that matter) is not concluded on an isolated event nor is this mood disorder determined in a single perturbation of affect. The clinical manifestation of grouped affects /a set criteria of presenting symptoms must have occurred over a given time to establish the diagnosis. Indeed, "bipolar disorder is characterized by unpredictable mood swings from mania (or hypomania) to depression", the grouped mood disturbance of manic episodes must be sustained for at least a week (outside of hospitalization); and there must also exist the other pole of the swing to depression. These mood fluctuations are chronic for at least (2) two years before a diagnosis of bipolar is given. (*Harrison's Principles of Internal Medicine,* 16th Edition, pp. 2556-2559, referencing the Diagnostic & Statistic Manual (DSM IV) Another diagnostic guide of the current *International Classification of Diagnosis* 10th Revision (ICD-10), places the emphasis on the 'repeated-factor' of the mood fluctuation (it must have occurred more than once (it must have a "repeated" history)) for the bipolar disorder diagnosis.

Wherefore, as to "grouped affects", the certificates' specious insert of 'impaired judgment' in plaintiff' records must be accompanied by at least three other (four if the mood is 'irritable', again, spuriously stated in plaintiff's records) of the criteria given in the Diagnostic & Statistic Manual (DSM) for the mood disorders competent for a bipolar disorder diagnosis.

The medical malpractice / clinical malicious (i.e. willful) neglect of defendants' psychiatrists False Claims conduct here are particularly egregious, whereas, this is meant to force non-indicated drugs on the person/patient exploited, actually exposing the individual to medical risks. Defendants' psychiatrists' is reasonably assumed to know that the manufactured claims that plaintiff is 'impaired' and 'irritable' cannot conclude a diagnosis of bipolar based on single isolated mood, clinical competence must show grouped mood of the two poles, if you will, of mania /hypomania to depression over time, the mood fluctuation must have been repeated. The psychiatrists' cold, calculated, malicious falsification of certifying statements for the purpose of defrauding the government of funds allocated for the public healthcare services, has realized, as intended, profit for their respective defendants.

The False Claims actions in this is self-evident and the physicians are also individually liable for malicious medical malpractice. In addition to State provisions, federal laws at *31 U.S. Code § 3802* hold defendants liable for their respective manufactured diagnosis of False Claims conduct.

v) For all defendants' efforts of False Claims in the fabricated mental illness, the validity

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of the clinical certificates is extinguished under Constitutional bars to the State's ability to commit without proving danger. It is argued herein the incompetence of the willful falsified certifying statements that deny the standard of dangerousness.

The Court instructs that the State may not commit solely on the basis of a mental illness, dangerousness must also be proved. S.L.94 N.J. 128, 462 A. 2d 1252 (1983). The falsified certifications of each defendant failed both to establish the existence of a mental illness / that plaintiff is mentally ill, despite their respective diligence in fabricating symptoms –and as to proving danger, neither proffered anything probative of plaintiff being dangerous to self, others, or property.

vi) The "substantial [mental] disturbance" of New Jersey State requirements of the certifying statements in pursuit of an order for involuntary commitment to treatment (§ 30:4-27.2r) manufactured, fabricated, falsified by defendant, the screening services, St. Joseph' to satisfy this requirement was more aggressively manipulated / substantially maliciously capitalized on by defendant, RWJ Barnabas Health' STCF, Clara Maass. The STCF treating psychiatrist not only knowingly kept the false diagnosis of the screening facility, he added to it, this by manufacturing the simultaneous manifestation of symptoms of a whole other mental disorder - for the sheer purpose of forcing medication.

Plaintiff was not medicated during the first ½ or so at the 20-day confinement at the STCF. This was not without threat from the facility' psychiatrist, Dr. Reddy, that the facility would forcibly drug plaintiff. Plaintiff claims mental anguish in this, but further, civil rights violations. In a treatment team meeting that addressed this, plaintiff's move to

legally guard her right to refuse medication – specifically, plaintiff's statement that she would speak to the court about this and let the court decide the need for drug treatment- was thwarted by this physician in his removing plaintiff's name from a list of patients scheduled to see the judge that Friday (i.e. the Friday of the week of this treatment team meeting), in defiance of governing civil principles that guard against deprivation of rights under color of law and that with use of force/threats - *18 U.S.C.§ 242* – as to this provision, generally; and reliance on *42 U.S.C. § 1983* cites above *Zinermon v. Burch,* 494 U.S. 113 (1990) with *Parrat v. Taylor*, 451 U.S. 527, 535-36, 101 S.Ct. 1908, 1912-1913 68 L.Ed. 2d 420 (1981) for Justice Blackmun'(joined by Justice White in the latter) denouncement of the 'intentionality' of the {state} actor to deprive of protected freedoms. Liability of instant perpetrator/actor in the employ of this government funded healthcare service (the FCA violations are for those funds, incidentally) speak here to defendants' False Claims under color in violating plaintiff's constitutionally protected due process privileges.

RWJ Barnabas Health' characteristic defiance of civil laws and regulations in its fraudulent healthcare service is too of NJ laws at L.1965, c. 59, s. 10. Amended by L.1975, c. 85, s. 2, eff. May 7, 1975/ N.J.S.A. 30:4-24.2 that guard against the provider's wanton disregard for and violations of the committee' freedoms. Governing regulations grant that the patient has the right to be free from 'unnecessary medication' and these statutes uphold the right of the committee to competently decide that question. Informed consent federal guards apply here as provided in *42 U.S.C. § 9501(1)(A)(i)(ii).*

These civil principles defend against the assumption of mental incompetence of the mentally ill. N.J.S.A. 30:4-27.11c. Defendant's unscrupulous behavior was to falsify a mental disorder diagnosis that would import mental incompetence that under color of law allows defendant to force medication – a False Claims action (fabrication of a diagnosis to bill for related services) in or by denial of civil rights (preventing plaintiff from speaking to the court).

Defendant' measure to prevent plaintiff from speaking to the court of the need for drug treatment ("let the court decide") is a violation of rights founded in the provisions of state statutes and federal codes. N.J.S.A.30:4-24.2g (1) inviolably defends the right of the patient to communicate with the court, and that, moreover, in the context of a STCF possible grounds to deny the freedoms of these statutes.

The complaint draws the court's attention here to State provision § 30:4-27.11d that guards against the psychiatrist 'overriding' the patient's right to refuse medication treatment and to ***M.M.***, 384 N.J. Super 313, 894 A.2d 1158 (A.D. 2006) where the Court roundly denounces infringing on the rights of the committee.

RWJ Barnabas Health' violations of State and federal laws in this matter of False Claims and the facility's psychiatrist's malicious medical malpractice are particularly egregious in its cumulative, compounded irregularities / illegalities. Not only did the STCF prevent plaintiff from speaking to the court, the psychiatrist fabricated the diagnosis of a "schizoaffective disorder". In this he expediently added symptoms of schizophrenia to the existing false bipolar disorder.

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Schizoaffective disorder is defined in manifest symptoms of schizophrenia plus *independent* mood disturbance. (Id. at Harrison's above. Italics added) It is schizophrenia – clinically manifest symptoms that conclude the diagnosis of schizophrenia (as opposed just schizophrenia-like symptoms that do not meet the diagnostic criteria, as in schizophreniform disorder) - simultaneously manifested with those of a mood disorder. (See, ICD-10).

Statutory provisions for the right to refuse medication, defer to the need of a patient who may not be competent to make that decision, so that whereas N.J.S.A. 30: 4-24.2d (1) upholds the rights of the mentally ill to be 'free from unnecessary or excessive medication', the STCF may deny the privilege to refuse medication with good cause shown – assessed in the patient' mental competence at the time. Manifest symptoms of schizophrenia would be 'good cause' since this would be determinative of mental incompetence.

The insidious maliciousness of this defendant in this is that whereas "No patient may be presumed to be incompetent because he has been examined or treated for mental illness, regardless of whether such evaluation or treatment was voluntarily or involuntarily received" N.J.S.A. 30:4-24.2c , defendant, RWJ Barnabas Health falsified a diagnosis of schizophrenia in addition to the wholly fallacious bipolar disorder. The grossly incompetent, in fact fabricated diagnosis of bipolar (the instant affective disorder) not probative for 'good cause' to force medication, RWJ Barnabas Health maliciously added the necessary schizophrenia.

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(The argument that bipolar disorder is at times accompanied by symptoms of delusion, paranoid thinking, and hallucinations indistinguishable from schizophrenia is too frail to prevail over and against that of professional competence that would assume the psychiatrist's ability to distinguish and conclude a diagnosis of schizophrenia from schizophreniform disorder where schizophrenia-like symptoms are present but do not meet the clinical diagnostic standard of schizophrenia or where schizophrenia-like symptoms are present as symptoms of another diagnosis altogether.

As pointed out, schizoaffective disorder is schizophrenia with a mood disorder. The mood disorder of instant complaint is put as of bipolar disorder. However, schizophrenia -like symptoms may accompany other mood disorders, depression or depression secondary a physical malady. Clinical depression of a person with Parkinson's disease for example would qualify for the latter 'depression mood disorder'. Should this person also experience hallucination – a schizophrenia-like symptom – based solely on that – it is incompetent, a diagnosis of a schizoaffective disorder. The point is the diagnosis of schizophrenia must be established (and be present with the mood disorder) for a schizoaffective disorder.)

vii) Defendant, RWJ Barnabas Health has what it calls a two-step program that the provider employs -with unwavering consistency- to force medication at Clara Maass. Plaintiff was told only of the diagnosis of "tentative bipolar disorder" at the time I refused medication and was prevented from appearing in court. The STCF facility subsequently declared plaintiff mentally incompetent by virtue of the fabricated presence

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of schizophrenia conveyed in the schizoaffective disorder manufacture.

In defendant's 2-step program, the treating physician' prescription is seconded by an 'independent' physician to forcibly drug the patient. Plaintiff was prescribed, Lithium, Haloperidol (Haldol), and Benzotropine (Cogentin) by the STCF' Dr. Reddy. It was 'seconded' by a physician, plaintiff understands, that has been working with Clara Maas in that 'independent' physician role for many years – and is the only 'independent' physician the facility has for this 2-step purpose. Once the treating psychiatrist's prescription is seconded, the patient is then forcibly injected with the drugs if the patient continues to refuse. The facility has no scruple about physically restraining the patient in this False Claims push to get paid for fabricated healthcare service need. In this case two nurses were present, one to 'hold down' plaintiff while the other inject the drugs; I agreed to take the drugs orally and so prevented this barbarous illegality.

Upon administer of lithium (a standard for bipolar) I suffered the rare side effect of a cardiovascular event, in my case - increased heart rate and increased blood pressure. That drug was immediately stopped. Haldol (a standard for schizophrenia) and Cogentin (normal to reduce side effects of these antipsychotics) were continued.

viii) Plaintiff's inability to refuse Haldol at RWJ Barnabas Health' STCF, Clara Maass was alarmingly standard procedure at the facility. Every fellow patient I spoke with, or heard of, was on this drug, and in many cases, like plaintiff, was prevented from refusing it. The "right to refuse meds" was upheld for other drugs – but not for Haldol. This push to prescribe Haldol in particular gives rise to possible other illegalities than False Claims

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defendant might be using here to get money – not from the government but the drug maker. A criminal act if the facts prove racketeering that would concern this court because of patients' civil rights denial employed in this scheme.

The complaint asks the Court at this juncture to look at this defendant's history of previous False Claims conviction. RWJ Barnabas Health, NJ' largest health care provider was formed in 2015 from a merger of St. Barnabas Medical Center (then NJ' largest healthcare provider) and RWJ University Hospital Hamilton. In 2006, St. Barnabas Medical Center paid $265 million dollars in penalties to satisfy a qui tam False Claims suit. In 2010, RWJ University Hospital Hamilton paid the government $6.3 million dollars in similar penalty charges. The merged entity is operating as a not-for-profit corporation. As mentioned above, as part of the settlement requirements, RWJ Barnabas Health established a 'corporate-compliance' hotline to deal with complaints such as this. Characteristic of this defendant, the 'compliance' initiative is only as to appearance, substantively, it does not do what it purports to do. Recalling this argument' substantiation of this seasoned False Claims defendant's way of operating: procedure or appearance of compliance– as in the feigned clinical examination procedure, done within the set 72 hr. of admission but wholly dismissive of due process guarantees, facilitating defendant' False Claims irregularities under color. The service' abuse of the system in exploiting its consumers – the patient is a very serious public safety healthcare risk, whereas the patient is unduly exposed to medication side effects that could be life-threatening, I for one suffered a rare cardiovascular reaction to the forced and falsified need for Lithium.

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Defendant's reckless continued False Claims practices are finally a matter of public safety. The facility's noncompliance with regulations intended for public safety places the public at risk – health risks. In instant matter where the false diagnosis led to forced medication – not medically indicated in the first place – a False Claims civil violation resulted in plaintiff suffering a rare(and serious) side effect from one of the drugs. Unnecessary and excessive drug treatment can be life-threating and the healthcare service' False Claims conduct – continued False Claims conduct - of this defendant, not checked by monetary penalties of the over ½ billion dollars above, inescapably indicates, plaintiff holds, the need to end to its career of defrauding government funded programs for its services. The call is for an end of government funds for any of its programs (unless and/or until the State assumes management of any and all its services where government funded programs may be billed), and strict monitoring of any privatized healthcare services it provides – in the interests of public safety, a matter of Public Health and Welfare.

Further, under N.J.S. 2C:21-4.2 & 4.3 and N.J.S. 2C:51-5 of NJ Health Care Claims Fraud Act the Court recognizes defendant's conduct herein as indictable criminal. Considering defendant' 2-step program illegalities/criminal conduct, plaintiff asks for federal investigation of possible *racketeering* at RWJ Barnabas Health with regard to the provider's 'push' (to use the colloquialism for the hospital's " marketing" of the drug) of Haldol. Given defendant' marked fraudulent and irregular behaviors it is entirely possible that this provider has aligned itself with the drug-maker for the marketing of Haldol, whatever the financial compensation for their service.

ix) Related False Claims codefendant St. Joseph's also dismiss properly addressing compliance complaints. Ex. 1 is the provider' statement of conducting an 'investigation' into plaintiff's complaint of nonperformance of the service of a clinical examination for which they billed. The 'probe', defendant asserts, concluded, [plaintiff] was "extensively examined". The facts of the matter evince otherwise. False, as argued, but the point is, it is evident that these False Claims actors will not (or perhaps cannot) 'police themselves', and it is wasteful therefore to continue to fund these healthcare services providers without strict bars to prevent continued fraud and abuse. To reiterate, this business of checking these healthcare services providers False Claims activities to stem government funds waste is also a matter of checking risks to public safety.

Wherefore, in the interests of public welfare, the Court finds arising from this case, the need for public law amendments that will effectively bar False Claims practices by a screening service provider as shown in the fraud and abuse of defendant, St. Joseph's of this case, and prevent a short term care facility, as defendant, RWJ Barnabas Health Inc..' ability to abuse current regulations that allow them to sign the second of the two necessary certificates. The complaint' Preliminary Statements suggests implementing measures for the second clinical exam /certificate to be executed by a psychiatrist / physician not affiliated with either the screening service or STCF, that verbal recording of clinical exams be done in a addition to the written account, and a full page of statements listing the standard reasons for commitment to be verbally communicated to the committee before a requisite signature of the committee. That is, the committee must