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6 Attorneys for Plaintiff

7 IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

8 IN AND FOR THE COUNTY OF WASHOE

9 STATE OF NEVADA,)

10 Plaintiff,)

11 vs.)

12 HEALTHERAPY OF NEVADA,)

13 Defendant.)
14

Case No. CR13-0974A

Dept. No. 8

15 **INFORMATION SUPPLEMENTING INDICTMENT**

16 The State of Nevada, by and through legal counsel, CATHERINE CORTEZ MASTO,
17 Nevada Attorney General, and Matthew L. Jensen, Senior Deputy Attorney General, hereby
18 informs the Court and states that the above-referenced defendant, HEALTHERAPY OF
19 NEVADA ("HTN"), a corporation, has committed the criminal offense of: (Count 5)
20 SUBMISSION OF FALSE MEDICAID CLAIMS, in violation of NRS 422.540(1)(a) and NRS
21 422.540(2)(b), a misdemeanor. This Information Supplementing Indictment incorporates by
22 reference the Grand Jury proceedings in Grand Jury matter number GJ13-0010 and the
23 indictment issued under case number CR13-0974A. Said offense occurred within the County
24 of Washoe, State of Nevada, as follows:

25 HTN maintained an agreement with Medicaid to be a provider of mental health services
26 to Medicaid recipients. At times pertinent to these allegations, HTN maintained a location at
27 3275 Lakeshore Drive, Washoe Valley, Nevada, at which it conducted business operations.
28 Suzanne Pindell was the President and part owner of HTN. Terra Shepherd was the General

1 Manager and part owner of HTN. Shirley Webster was the clinical supervisor of HTN. HTN
2 acted through the actions of its owners, managers and/or agents acting within the authority or
3 scope of their employment, and intending, at least in part, that their actions benefit HTN.

4 From on or about August 2007 through January 2011, HTN submitted several claims to
5 Medicaid for reimbursement under the Medicaid numbers of several Medicaid recipients.
6 Through these claims, HTN represented that it had provided certain Rehabilitative Mental
7 Health therapies to these recipients and had provided these therapies for certain amounts of
8 time. Medicaid recipients under whose identities HTN submitted claims are exemplified by
9 recipients M.C. (Medicaid No. 00-----713), D.J. (Medicaid No. 00-----437), J.L. (Medicaid No.
10 00-----318), B.L. (Medicaid No. 00-----317), J.M. (Medicaid No. 47-----010), J.P. (Medicaid
11 No. 79-----010), J.Sm. (Medicaid No. 80-----999), J.St. (Medicaid No. 00-----219), J.T.
12 (Medicaid No. 47-----012), B.W. (Medicaid No. 00-----996) and/or W.C. (Medicaid No. 00-----
13 776)(collectively, the "Medicaid Recipients").

14 **COUNT 5**
15 **SUBMISSION OF FALSE MEDICAID CLAIMS**
16 **NRS 422.540 (1)(a) and NRS 422.540 (2)(b)**
17 **Misdemeanor**

17 Defendant HTN, through a scheme or continuous course of conduct, with intent to
18 defraud, intentionally made or caused claims to be made for payment from Medicaid that
19 Defendant knew were false, to wit:

20 HTN knowingly caused fraudulent claims for reimbursement to be generated and
21 submitted for payment by Medicaid. The claims to Medicaid asserted that certain services or
22 durations or quantities of services were provided to the Medicaid Recipients and requested
23 reimbursement for such provision of services. Instead, the Medicaid Recipients did not receive
24 the particular services or durations or quantities of services from HTN that HTN claimed were
25 delivered to the Medicaid Recipients. Furthermore, many of HTN's records were missing or
26 did not note accurate or true types of services or durations or quantities of services provided.

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1 All of which was committed in the County of Washoe, the amount of the claims
2 aggregating an amount less than \$650.00, and constitutes a misdemeanor in violation of NRS
3 422.540.

4 All of which is contrary to form, force and effect of the statutes in such cases made and
5 provided and against the peace and dignity of the State of Nevada.

6 AFFIRMATION PURSUANT TO NRS 239B.030

7 The undersigned does hereby affirm that the preceding document does not contain the
8 social security number of any person.

9 Dated this ____ day of _____, 2013.

10 CATHERINE CORTEZ MASTO
11 Attorney General

12
13 By: s/Matthew L. Jensen
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1 **CERTIFICATE OF SERVICE**

2 I hereby certify that I am an employee of the State of Nevada Office of the Attorney
3 General and that on the 6th day of August 2013, I served the foregoing
4 INFORMATION SUPPLEMENTING INDICTMENT by serving a copy via U.S. Mail and/or
5 fax as follows:

6 Edwin T. Basl, Esq.
7 440 Ridge Street, Suite 1
8 Reno, NV 89501
9 Fax: 775-333-6665

10 s/Matthew L. Jensen
11 Office of the Attorney General