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IN THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

IN AND FOR THE COUNTY OF WASHOE

STATE OF NEVADA,)
Plaintiff,) Case No. CR13-0974B
VS.) Dept. No. 8)
SUZANNE PINDELL,	
Defendant.	

INFORMATION SUPPLEMENTING INDICTMENT

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

HealTherapy of Nevada ("HTN") maintained an agreement with Medicaid to be a provider of mental health services to Medicaid recipients. At times pertinent to these allegations, HTN maintained a location at 3275 Lakeshore Drive, Washoe Valley, Nevada, at which it conducted business operations. Pindell was the President and part owner of HTN.

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Terra Shepherd ("Shepherd") was the General Manager and part owner of HTN. Shirley Webster ("Webster") was the clinical supervisor of HTN. HTN acted through the actions of its owners, managers and/or agents acting within the authority or scope of their employment, and intending, at least in part, that their actions benefit HTN.

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

COUNT 5 SUBMISSION OF FALSE MEDICAID CLAIMS NRS 422.540 (1)(a) and NRS 422.540 (2)(b) Misdemeanor

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

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

Alternatively, Pindell aided and abetted HTN, Shepherd and/or Webster to submit false Medicaid claims by assisting in the operation of HTN and encouraging or directing the creation of false documentation to substantiate Medicaid claims and/or encouraging or directing the submission of Medicaid claims without adequate records, with the intent that false Medicaid claims be submitted.

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

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

AFFIRMATION PURSUANT TO NRS 239B.030

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

Dated this _____ day of ______, 2013.

CATHERINE CORTEZ MASTO Attorney General

By: _s/Matthew L. Jensen MATTHEW L. JENSEN Sr. Deputy Attorney General Nevada Bar No. 6357 Office of the Attorney General Medicaid Fraud Control Unit 100 North Carson Street Carson City, NV. 89701-4717 P: (775) 684-1100 F: (775) 684-1192

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CERTIFICATE OF SERVICE I hereby certify that I am an employee of the State of Nevada Office of the Attorney General and that on the _6th_ day of _August___ 2013, I served the foregoing _INFORMATION SUPPLEMENTING INDICTMENT_ by serving a copy via U.S. Mail and/or fax as follows: Edwin T. Basl, Esq. 440 Ridge Street, Suite 1 Reno, NV 89501 Fax: 775-333-6665 s/Matthew L. Jensen Office of the Attorney General