



CLERK OF THE COURT

1 **INFM**  
2 CATHERINE CORTEZ MASTO  
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13 Attorneys for Plaintiff STATE OF NEVADA  
14 **(I.A. 11/07/2013, 1:30 P.M.)**

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

11 STATE OF NEVADA, )  
12 ) Plaintiff, ) Case No.: C-13-293626-1  
13 ) v. ) Dept. No.: 6  
14 ) UNITY FAMILY SERVICES, INC., a )  
15 ) corporation, )  
16 ) Defendant. )

17 **CRIMINAL INFORMATION**

18 The State of Nevada, by and through legal counsel, CATHERINE CORTEZ MASTO,  
19 Nevada Attorney General, and Matthew L. Jensen, Senior Deputy Attorney General, hereby  
20 informs the Court that UNITY FAMILY SERVICES, INC., the above-named Defendant, has  
21 committed the criminal offense of SUBMITTING FALSE MEDICAID CLAIMS, a category D  
22 felony violation of NRS 422.540(1)(a) and NRS 422.540(2)(a), one (1) count, within Clark  
23 County, State of Nevada as follows:

24 Unity maintained an agreement with Medicaid to be a provider of mental health  
25 services to Medicaid recipients. At times pertinent to these allegations, Unity maintained a  
26 location at 5304 Daywood Street, North Las Vegas, Nevada and/or 3840 N. Commerce  
27 Street, North Las Vegas, Nevada, at which it conducted business operations. Unity acted

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1 through the actions of its owners, managers and/or agents acting within the authority or  
2 scope of their employment, and intending, at least in part, that their actions benefit Unity.

3 From on or about January 2010 through July 2012, Unity submitted several claims to  
4 Medicaid for reimbursement under the Medicaid numbers of several Medicaid recipients.  
5 During a time period of the offense, Unity also utilized the Medicaid provider numbers of  
6 individual Medicaid service providers alleging that services were provided to Medicaid  
7 recipients by these individual providers through Unity. Through these claims, Unity  
8 represented that it had provided certain Outpatient Mental Health and Rehabilitative Mental  
9 Health services to these recipients and had provided these services for certain amounts of  
10 time. Medicaid recipients under whose identities Unity submitted claims are exemplified by 79  
11 recipients listed in Exhibit A attached hereto (collectively, the "Medicaid Recipients").

12 **COUNT 1**  
13 **SUBMISSION OF FALSE MEDICAID CLAIMS**  
14 **NRS 422.540 (1)(a) and NRS 422.540 (2)(a)**  
15 **Felony, Category D**

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

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

27 The preceding acts aggregated to an amount in excess of \$650.00.

28 All of which was committed in the County of Clark, and constitutes a category D felony  
violation of NRS 422.540(1)(a) and 422.540(2)(a).

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

4 DATED this 31<sup>st</sup> day of October, 2013.

5 CATHERINE CORTEZ MASTO  
6 Attorney General

7 By: 

8 Matthew L. Jensen  
9 Sr. Deputy Attorney General  
10 Medicaid Fraud Control Unit  
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**CERTIFICATE OF SERVICE**

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I hereby certify that I electronically filed the foregoing CRIMINAL INFORMATION with the Clerk of the Court by using the WIZNET E-File system on this 31<sup>st</sup> day of October, 2013.

I certify that some of the participants in the case are not registered CM/ECF users. I have mailed the foregoing document by First-Class Mail, postage prepaid, or have dispatched it to a third party commercial carrier for delivery within 3 calendar days to the following non-

CM/ECF participants:

David J. Otto, Esq.  
1433 No. Jones Blvd.  
Las Vegas, NV 89108

/s/ Patricia McCoy  
An employee of Office of the Attorney General

Attorney General's Office  
555 E. Washington, Suite 3900  
Las Vegas, NV 89101

# EXHIBIT A

Exhibit A

	Medicaid Number	Last Name	First Name
1	58*****001	A.	T.
2	39*****012	A.	M.
3	40*****001	A.	F.
4	00*****182	A.	Q.
5	00*****495	A.	M.
6	00*****706	B.	A.
7	00*****715	B.	I.
8	00*****711	B.	I.
9	00*****717	B.	K.
10	00*****718	B.	M.
11	00*****712	B.	S.
12	28*****012	B.	C.
13	00*****485	B.	A.
14	56*****011	B.	J.
15	00*****332	B.	C.
16	76*****020	B.	C.
17	33*****011	B.	J.
18	67*****005	B.	M.
19	29*****002	B.	P.
20	52*****010	C.	C.
21	00*****886	C.	A.
22	00*****250	C.	J.
23	46*****012	C.	R.
24	00*****163	C.	C.
25	38*****001	C.	S.
26	34*****002	C.	N.
27	18*****015	C.	R.
28	38*****013	D.	D.
29	66*****005	D.	I.
30	62*****001	D.	J.
31	17*****002	D.	S.
32	00*****631	E.	D.
33	66*****001	E.	J.
34	00*****082	F.	S.
35	00*****085	F.	Y.
36	76*****001	F.	C.
37	00*****717	G.	L.
38	00*****184	G.	M.
39	00*****186	G.	V.
40	52*****015	G.	J.
41	00*****511	H.	T.
42	00*****510	H.	G.
43	76*****001	H.	N.

Exhibit A

	Medicaid Number	Last Name	First Name
44	00*****641	H.	I.
45	66*****010	H.	J.
46	34*****001	H.	L.
47	00*****952	H.	B.
48	33*****002	H.	M.
49	00*****243	J.	S.
50	45*****005	J.	D.
51	00*****878	J.	T.
52	29*****003	J.	L.
53	00*****886	L.	A.
54	00*****436	L.	J.
55	76*****010	L.	M.
56	29*****022	L.	I.
57	00*****312	M.	H.
58	29*****015	M.	Z.
59	00*****090	M.	L.
60	67*****010	M.	D.
61	46*****001	N.	M.
62	45*****010	N.	A.
63	00*****966	N.	B.
64	00*****546	P.	H.
65	00*****595	R.	S.
66	66*****001	R.	D.
67	00*****597	R.	M.
68	00*****721	S.	B.
69	00*****828	S.	R.
70	00*****146	S.	T.
71	00*****510	T.	L.
72	52*****013	T.	A.
73	46*****012	T.	S.
74	00*****702	V.	K.
75	00*****302	W.	M.
76	00*****045	W.	W.
77	51*****001	W.	M.
78	00*****518	W.	D.
79	34*****012	W.	K.