

**BEFORE THE BEHAVIORAL  
HEALTH AND HUMAN  
SERVICES LICENSING BOARD  
CAUSE NO.: 2023 BHSB 0010**

**IN THE MATTER OF THE LICENSE OF        )**  
**REGINALD MURRAY, L.C.A.C.,                )**  
**LICENSE NO: 87000987A (Active)         )**



**ORDER ACCEPTING PROPOSED SETTLEMENT AGREEMENT**

The Office of the Attorney General, by Amanda Elizondo Cassidy, Deputy Attorney General and Reginald Murray, L.C.A.C. (“Respondent”), by counsel, J. David Young, signed and filed before the Board a Proposed Settlement Agreement (“Agreement”) which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the October 28 2024 meeting held in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana 46204, now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement, which is attached hereto and incorporated herein as **Exhibit A** and approves and adopts in full the Agreement as a final resolution of this matter. The Board approved this Agreement by a vote of 8 to 0. Incorporated into the Agreement was the consensus of both parties to Stipulated Facts, Stipulated Conclusions of Law, and Agreed Disposition.

**WHEREFORE**, the Board hereby accepts and approves the Agreement, and Respondent is hereby **ORDERED** to abide by all the terms of the Agreement.

**ALL OF WHICH IS SO ORDERED**, this 6th day of November, 2024.

**BEHAVIORAL HEALTH AND HUMAN SERVICES BOARD**

By: *Cindy Vaught for*  
Dr. Dianna Cooper-Bolinskey, Ph.D. LCAC,  
LCSW Indiana Behavioral Health and  
Human Services Licensing Board Chair

**CERTIFICATE OF SERVICE**

I certify that a copy of the “Order Accepting Proposed Settlement Agreement” has been duly served upon:

Reginald Murray, L.C.A.C.  
37 Motif Blvd.  
Brownsburg, Indiana, 46112  
**Service by U.S. Mail/Email**

J. David Young, Counsel for Respondent  
Law Offices of J. David Young  
5868 East 71st Street No.209  
Indianapolis, IN 46220  
**Service by U.S. Mail/Email**

Deputy Attorney General  
Amanda Elizondo Cassidy  
Office of Attorney General  
Medicaid Fraud Control Unit  
8720 Castle Creek Parkway East Drive, Suite 250  
Indianapolis, IN 46250  
[Amanda.cassidy@atg.in.gov](mailto:Amanda.cassidy@atg.in.gov)  
**Service by Email**

11/06/2024  
Date

*Erin Sutton*  
Erin Sutton, Litigation Coordinator

Behavioral Health and Human Services Board  
Indiana Government Center South  
402 West Washington St., Room W072  
Indianapolis, IN 46204  
Phone: (317) 232-2960  
Email: [clerk@pla.in.gov](mailto:clerk@pla.in.gov)

**Explanation of Service Methods**

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual’s electronic mail address.



**BEFORE THE BEHAVIORAL  
HEALTH AND HUMAN  
SERVICES LICENSING BOARD  
CAUSE NO.: 2022 BHSB 0010**

**IN THE MATTER OF THE LICENSE OF            )**  
**REGINALD MURRAY, L.C.A.C.,                )**  
**LICENSE NO: 8700987A (Active)            )**

**PROPOSED SETTLEMENT AGREEMENT**

The State of Indiana ("Petitioner"), by counsel, Deputy Attorney General Amanda Elizondo Cassidy, on behalf of the Office of the Indiana Attorney General, and Reginald Murray, L.C.A.C. ("Respondent"), represented by Counsel, J. David Young hereby execute this Agreement as a disposition of the Administrative Complaint filed in this cause with the Behavioral Health and Human Services Licensing Board ("Board"). This Agreement is subject to the review and approval of the Board pursuant to Ind. Code § 25-1-9 *et seq.* and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 *et seq.*

**STIPULATED FACTS**

1. Respondent is a Licensed Clinical Addiction Counselor in the State of Indiana having been issued license number 8700987A on July 26, 2011.
2. Respondent's address on file with the Indiana Professional Licensing Agency ("IPLA") is 37 Motif Blvd, Brownsburg, Indiana 46112,
3. Respondent is a "practitioner" as that term is defined by Ind. Code § 25-1-9-2.
4. At all times relevant to this Complaint, Respondent was the owner of, and a counselor at, Caring Associates Counseling Group ("CACG"),

## BACKGROUND FACTS AND REGULATORY FRAMEWORK

5. CACG is a Medicaid provider and treats Medicaid patients enrolled in the Indiana Health Coverage Programs ("IHCP").

6. Medicaid providers agree to abide by the terms of the IHCP manual as well as provider bulletins and notices.

7. Providers also agree to be "responsible and accountable for the completion, accuracy, and validity of all claims filed under the provider number issued, including claims filed by the provider, the provider's employees or the provider's agents."

8. On August 31, 2012, CACG agreed to the provider terms. Respondent signed the Provider Authorization on behalf of CACG as "President/CEO."

9. In 2012, IHCP released IHCP bulletin BT201253, which outlined the policy and billing criteria for Crisis Counseling under CPT codes 90839 and 90840. Bulletin BT201253 provides the following billing criteria for Crisis Counseling:

- a. "Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life-threatening or complex and requires immediate attention to the member, who is in high distress."
- b. "During the time spent providing psychotherapy for the crisis state, **the provider rendering the service must devote his or her full attention to the**

**member, and, therefore, cannot provide services to any other patient during the same period."** [Emphasis added]

10. On February 1, 2017, IHCP Bulletin BT201739 extended Intensive Outpatient Program ("IOP") services to all managed care entities ("MCEs").
11. Pursuant to IHCP, Bulletin BT201739, "All IOP services require prior authorization ("PA").
12. IHCP Bulletin BT201929 further defined Crisis Intervention services.
  - a. Crisis Intervention services were defined as those services that are "by nature, delivered in an emergency and non-routine fashion."
  - b. "Interventions targeted to groups **are not** billable as crisis intervention."  
[Emphasis added]
13. IHCP Bulletin BT201929 defined IOP services.
  - a. Effective July 1, 2019, all IOP services are to be billed under code S9480.
  - b. Reiterated that PA is required for all IOPs.
  - c. Occur at regular intervals, three (3) hours per day, three (3) days per week.

### **FACTS**

14. In August 2016, Managed Health Services, a MCE completed a case summary to an investigation alleging that CACG improperly billed or billed for services not rendered based on an on-site audit. The on-site audit found that over half of the rendered services were not supported by documentation.

15. MHS referred their findings to HHS and the Medicaid Fraud Control Unit ("MFCU").

16. MFCU conducted interviews of numerous patients and/ or guardians of patients, who indicated that they received IOP services, not individual counseling sessions or crisis counseling.

17. Additionally, claims data analysis revealed that nearly all of the services provided appear to be billed on a regular schedule, with most patients being billed for a diagnostic evaluation under code 90791 prior to their first billing for crisis intervention.

18. From January 1, 2016-June 15, 2021, CACG submitted claims to Indiana Medicaid for crisis counseling, under CPT codes 90839 and 90840 and psychoanalysis, under code 90845, when CACG was actually providing IOP services to Medicaid recipients.

19. Per the HCP Bulletins listed above, crisis counseling and IOP services are different and could not be provided in the same manner.

20. Respondent submitted two thousand four hundred sixty-five (2,465) total claims for CPT codes 90839 (crisis intervention initial, 60 minutes), 90840 (crisis counseling additional 30 minutes) and 90845 (psychoanalysis).

21. Further data analysis and investigation revealed that Respondent provided IOP services but billed for crisis counseling services.

22. The Crisis Counseling services were provided at regular intervals with consistent, multi-weekly claims,

23. Per the HCP bulletins, crisis counseling could not be provided in a group setting.

24. MFCU found no prior authorizations for IOP services.

25. On March 2, 2022, CACG entered into a Settlement Agreement with MFCU and the Office of Medicaid Planning and Policy. CACG denied any fault or wrongdoing in the agreement, but agreed to pay restitution and additional recoveries. Respondent, as the President

of CACG, signed the agreement. CACG entered into a repayment plan and has been making regular monthly payments since June 2022.

**STIPULATED CONCLUSIONS OF LAW**

1. Respondent has violated Ind. Code § 25-1-9-4(a)(1)(B).

**AGREED DISPOSITION**

It is now therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.
2. The parties execute this Agreement voluntarily.
3. Both parties voluntarily waive their rights to a public hearing on the Complaint and all other proceedings in this action to which either party may be entitled by law, including judicial review.
4. Petitioner agrees the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's Licensed Clinical Addiction Counselor license.
5. Respondent's Licensed Clinical Addiction Counselor license shall be placed on **INDEFINITE PROBATION** for **TWENTY-FOUR (24) MONTHS** from the date of the final order.
6. While on probation, Respondent's license shall be governed by the following **TERMS AND CONDITIONS:**
  - a. Respondent shall keep the Board informed of his **residential address, email address, place of employment, and telephone number** at all times,

- b. Respondent shall complete and submit to the Board proof of completion of **Thirty (30) Hours of Continuing Education**, in the topics of Billing procedures, Risk Management, and Ethics, to be completed in-person or online, in addition to renewal requirements.
- c. As of September 3, 2024, Respondent will submit all Medicaid claims through a third-party billing service provider, Healthcare Credentialing and Consulting, LLC. This service will require Respondent to submit clinical records along with claims, and will perform audits regularly to review claims for accuracy.
- d. Respondent will also employ a practice monitor, William M. Johnston, MA, LMHC, LCAC ("Johnston"), to review his billing practices. Johnston is a licensed addiction counselor and a licensed mental health counselor licensed by the Board. His licenses are in good standing and he has no history of discipline. Johnston will provide the Board with quarterly reports on Respondent's billing. If at any time Respondent obtains a new practice monitor, Respondent will notify the Board within ten (10) days of the change.
- e. Respondent shall not violate any statutes or rules regulating the practice of licensed clinical addiction counseling.

7. Respondent shall, within ninety (90) days of the Final Order, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE of FIVE DOLLARS (\$5,00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General  
Attn: Executive Assistant, Consumer Protection Division

3.02 West Washington Street, 5<sup>th</sup> Floor  
Indianapolis, IN 46204

8. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

9. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of clinical addiction counseling, or any violation of this Settlement Agreement may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

10. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

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Respondent



J. David Young  
Counsel for Respondent  
Attorney No.: 14124-49

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Amanda Elizondo Cassidy .  
Deputy Attorney General  
Attorney No.: 30243-53

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10/2/2024  
Date/

10/2/2024  
Date

10/3/2024  
Date