

CLAIMS PROCESSING

When a claim is received, minimum eligibility is determined as soon as possible. The claim must be related to one of the crimes listed by statute as compensable. The crime must have been reported to proper authorities within five days of the incident or as soon as it could reasonably have been reported. By statute, the application must have been received by the Board within two years of the incident. However, the Board has the discretionary authority to waive the time filing requirement with just cause. The claimant must have agreed to the state's repayment and subrogation agreement and must have given permission to the compensation program to seek and exchange necessary information.

Usually the same day an application is received, claim documentation begins and requests for information are sent to hospitals, doctors, employers, and other pertinent sources. The purpose of the information gathering process is to ensure claim compliance with all statutory requirements.

Staff maintains a close liaison with relevant law enforcement agencies and District Attorney's offices through out the claim verification process. The losses which may be compensated are listed in Alaskan law (AS 18.67). The losses must be a direct result of the crime on which the claim is based. Other collateral sources such as Workers' Compensation, Social Security, and medical insurance are considered, as the Board awards compensation only for expenses and losses not covered through other sources. Once the Administrator has certified the file as complete, she reviews the claim and prepares a recommendation to the Board. All claim decisions except for emergency award requests are made at Board meetings. The Board makes the claim determination and may conclude any of the following:

- ◆ The claim cannot be determined due to lack of documentation, and repeated requests for further information have yielded no results – claim is deferred;
- ◆ The claim is eligible for compensation of the full amount requested or for a lesser amount than requested in which case the claimant is notified of the opportunity for a hearing – claim is awarded;
- ◆ The claim cannot be determined due to conflicting information and advises a hearing is required prior to a final decision – claim is sent to hearing; or
- ◆ The claim is ineligible for compensation by statute and advises the claimant should be notified of the statutory basis for the denial and informed concerning the availability of a hearing – claim is denied.

COOPERATION

The success of the state's violent crimes compensation program depends upon the cooperation of law enforcement, legal and judicial personnel, service providers, and claimant employers, as well as the victim and/or claimant.

The following questions must be answered and documented.

VICTIM AND/OR CLAIMANT

- ◆ What occurred?
- ◆ What losses were sustained and how can they be documented and direct causal relationship verified?
- ◆ What type of assistance is being sought?
- ◆ What are the names and addresses of service providers?
- ◆ What are service account numbers and dates of service?
- ◆ What other forms of payment are available?
- ◆ Did the victim and/or claimant cooperate with law enforcement and prosecuting entities?
- ◆ Were wages lost as a direct result of the incident?
- ◆ If so, how can the claimant's wages or level of income at the time of the crime be documented?
- ◆ Was the crime reported and submitted within the time limits established by statute?
- ◆ What is the law enforcement case number?
- ◆ How did the victim learn about the program?
- ◆ Were other relatives or persons emotionally and/or financially impacted by the crime?
- ◆ What sort of harm occurred? Was there bodily injury? Was there emotional harm? Both?
- ◆ Is the victim in danger?
- ◆ Is crisis intervention needed?
- ◆ Does the victim have the necessary support system required to recover?

The claimant provides documentation to support the request or provides the information required so that the Board can request required documentation

LAW ENFORCEMENT

- ◆ Was the crime committed against the claimant and/or victim?
- ◆ What was the crime?
- ◆ Was the crime reported to the police within five days of the incident?
- ◆ Did the claimant cooperate with law enforcement agencies?
- ◆ What did officers say happened?
- ◆ Are there relevant circumstances the Board needs to be informed about, such as behavior of the victim, that may have contributed to the incident?
- ◆ Is there anything relevant concerning the victim's social history or actions which the Board needs to know to consider all relevant circumstances?
- ◆ What is the current status of the case?
- ◆ What was the disposition of the case?
- ◆ Are proceedings against the offender imminent? Should the VCCB suspend investigation until the case is adjudicated?
- ◆ Has restitution been ordered?

- ◆ Are trial transcripts available?
- ◆ What was the outcome of the trial?
- ◆ Has the victim been informed concerning their rights as a victim?

Law enforcement provides the reports required so the Board can make a determination regarding many eligibility issues.

SERVICE PROVIDERS

- ◆ Was the service required as a direct result of the incident?
 - ◆ Has insurance paid all or part of the billing?
 - ◆ What other sources of payment are available and have they all been sought?
 - ◆ Will the victim be unable to work due to an injury that was the direct result of the incident? If so, for how long will the victim be unable to work?
 - ◆ How much has the claimant paid on the billing and what is the outstanding balance?
 - ◆ What is the prognosis concerning injuries sustained during the relevant incident?
 - ◆ Does the victim and/or family members have emotional needs that might be helped through counseling?
 - ◆ Is crisis intervention needed?
 - ◆ What are treatment plans? How long is treatment expected to last?
- What is the anticipated outcome?

Service providers provide the necessary service and billing information that the Board requires to make a determination concerning expenses related to the incident. Medical information is provided using the VCCB Medical Information Forms and is often used to verify lost wage information.

EMPLOYERS

- ◆ Was the victim and/or claimant employed at the time of the incident?
 - ◆ Did the victim and/or claimant miss work as a direct result of the incident?
- If so,
- how much work was missed and was it compensated in some other way such as Workers' Compensation? What wages were lost? Has the victim returned to work?

Employers provide the necessary wage and missed work information required for lost wage determinations. Employers provide needed information using VCCB Employment Information Forms.