Crime Victims Reparations Board
State of Louisiana

JOHN BEL EDWARDS
GOVERNOR

JIM CRAFT
EXECUTIVE DIRECTOR

BOARD MEETING MINUTES

Tuesday, April 11, 2023

Louisiana Commission on Law Enforcement

Member Attendees

Amanda Tonkovich, Angela Henderson, Audrey Thibodeaux, Carla Shorty, Judy Dupuy, Catalene Theriot, Laneceya Russ, Linda Gautier, Gary "Stitch" Guillory

Member Absentees

Lisa Kiper, Tameka White

Staff Attendees

Bob Wertz, Danielle Lax, Jason Eastin, Kristi Ambacher, Marshall Menou

Guest Attendees

Katie Hunter-Lowery, Dr. Erich Duchmann, Jeddie Smith, Rikee Ruffin, Natalie Sharp, Julia O'Donaghue, Cpt. Stephanie Minto-Gibson

CALL TO ORDER

Ms. Dupuy called the meeting of the Crime Victims Reparations Board to order at 9:07 a.m.

ROLL CALL

Program Manager Danielle Lax called the roll and confirmed a quorum of members.

APPROVAL OF MINUTES FROM PREVIOUS MEETING

Mr. Thibodeaux made a motion to approve the minutes of the previous meeting. Ms. Gautier seconded the motion and the motion was approved unanimously.

APPROVAL OF EMERGENCY AWARDS

Ms. Henderson made a motion to confirm the emergency awards processed since the previous meeting and to waive repayment of the awards because of undue hardship. Ms. Thibodeaux seconded the motion and the motion was approved unanimously.

EMERGENCY

Parish	CVR #	Claim #	Resolution
CALCASIEU	CALC22-005	222388	Claim Eligibility DENIED - Incomplete Information. EMERGENCY Payment of $500.00 DENIED for Relocation to Claimant
CALCASIEU	CALC22-029	231321	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
CALCASIEU	CALC23-009	231395	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-0111	222357	Claim Eligibility DENIED - . EMERGENCY Payment of $500.00 DENIED for Relocation to Claimant
EAST BATON ROU	EBAT22-0131	222698	Claim Eligibility DENIED - Incomplete Information. EMERGENCY Payment of $500.00 DENIED for Relocation to Claimant
EAST BATON ROU	EBAT22-0150	222863	Claim Eligibility DENIED - Payment by Collateral Source. EMERGENCY Payment of $500.00 DENIED for CRIME EVIDENCE to Road Runner Towing
EAST BATON ROU	EBAT22-0152	222877	Claim Eligibility DENIED - Not a Compensable Expense. EMERGENCY Payment of $500.00 DENIED for CRIME EVIDENCE to Claimant
EAST BATON ROU	EBAT23-0022	231166	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to Wilson-Wooddale Funeral Home & Cremation Services
EAST BATON ROU	EBAT23-0023	231167	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to Charles Mackey Funeral Home
EAST BATON ROU	EBAT23-0024	231231	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home
EAST BATON ROU	EBAT23-0025	231277	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to Carney & Mackey Funeral Home
EAST BATON ROU	EBAT23-0026	231283	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0027	231285	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0028	231297	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0029	231351	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0030	231348	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant

EMERGENCY

Parish	CVR #	Claim #	Resolution
EAST BATON ROU	EBAT23-0031	231350	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0032	231349	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to Wilson-Wooddale Funeral Home & Cremation Services
EAST BATON ROU	EBAT23-0033	231382	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0034	231383	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0035	231384	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0036	231385	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0037	231386	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0038	231387	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0039	231389	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
EAST BATON ROU	EBAT23-0040	231388	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT23-0041	231390	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to Resting Place Funeral Home
EAST BATON ROU	EBAT23-0042	231405	Claim Eligibility APPROVED. EMERGENCY Payment of $330.00 APPROVED for MENTAL HEALTH to Claimant
EAST BATON ROU	EBAT23-0601	231244	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
LIVINGSTON	LIVI23-002	231403	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for Relocation to Claimant
NATCHITOCHES	NATC23-001	231228	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-206	230020	Claim Eligibility DENIED - Non-Compensable Vehicle Accdt. EMERGENCY Payment of $500.00 DENIED for FUNERAL to Lawson-Rollins Purple Shield Funeral Home

EMERGENCY

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE22-885	231287	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE23-032	231203	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc.
ORLEANS	ORLE23-035	231222	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE23-036	231229	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE23-038	231275	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Guardian Angels Funeral Home
ORLEANS	ORLE23-040	231279	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE23-041	231286	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to New Orleans Funeral and Cremation Service
ORLEANS	ORLE23-042	231299	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE23-043	231314	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE23-044	231315	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc.
ORLEANS	ORLE23-045	231337	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE23-047	231338	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for FUNERAL to Charbonnet-Labat-Glapion Funeral Homes, Inc.
ORLEANS	ORLE23-048	231345	Claim Eligibility APPROVED. EMERGENCY Payment of $500.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE23-051	231396	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE23-058	231421	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant
ORLEANS	ORLE23-059	231422	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for Relocation to Claimant

EMERGENCY

Parish	CVR #	Claim #	Resolution
RAPIDES	RAPI23-001	231221	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to Melancon Funeral Home - Bunkie
ST. MARTIN	MART23-006	231376	Claim Eligibility APPROVED. EMERGENCY Payment of $1,000.00 APPROVED for FUNERAL to MK Dixon Funeral Home

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Parish	CVR #	Claim #	Resolution
ACADIA	ACAD23-301	231454	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
ALLEN	ALLE23-300	231289	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
ALLEN	ALLE23-301	231290	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
ALLEN	ALLE23-302	231455	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
BEAUREGARD	BEAU23-300	231235	Claim Eligibility APPROVED. Payment of $290.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
BOSSIER	BOSS23-300	231406	Claim Eligibility APPROVED. Payment of $387.00 APPROVED for Sexual Assault Forensic Exams to Willis-Knighton Bossier Health Center
BOSSIER	BOSS23-3004	231223	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Forensic Nurse Examiners of Louisiana
BOSSIER	BOSS23-3005	231268	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Forensic Nurse Examiners of Louisiana
CADDO	CADD23-3020	231266	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Forensic Nurse Examiners of Louisiana
CADDO	CADD23-3021	231267	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Forensic Nurse Examiners of Louisiana
CALCASIEU	CALC23-004	231407	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
CALCASIEU	CALC23-304	231233	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital

FME

Parish	CVR #	Claim #	Resolution
CALCASIEU	CALC23-305	231236	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
CALCASIEU	CALC23-306	231288	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
CAMERON	CAME23-300	231237	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
EAST BATON ROU	EBAT23-3021	231123	Claim Eligibility APPROVED. Payment of $672.00 APPROVED for Sexual Assault Forensic Exams to Children's Hospital New Orleans
EAST BATON ROU	EBAT23-3021	231295	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
EAST BATON ROU	EBAT23-342	231256	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-343	231281	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-344	231262	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
EAST BATON ROU	EBAT23-345	231303	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-346	231304	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-347	231305	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-348	231372	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-349	231373	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-350	231391	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-351	231416	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office

FME

Parish	CVR #	Claim #	Resolution
EAST BATON ROU	EBAT23-352	231417	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-353	231419	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-354	231429	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST BATON ROU	EBAT23-355	231430	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
EAST CARROLL	ECAR23-300	231133	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to FMOLHS Billing Services
FRANKLIN	FRAN23-3000	231134	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to FMOLHS Billing Services
JEFFERSON	JEFF23-3019	231132	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3019	231181	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3020	231128	Claim Eligibility APPROVED. Payment of $818.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3020	231135	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3021	231162	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3024	231209	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Jefferson Parish Coroner's Office
JEFFERSON	JEFF23-3025	231210	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Jefferson Parish Coroner's Office
JEFFERSON	JEFF23-3026	231211	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Jefferson Parish Coroner's Office
JEFFERSON	JEFF23-3027	231217	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO

FME

Parish	CVR #	Claim #	Resolution
JEFFERSON	JEFF23-3028	231219	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3029	231220	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3030	231226	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3031	231227	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3032	231241	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3033	231253	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3033	231409	Claim Eligibility APPROVED. Payment of $25.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3034	231296	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3035	231343	Claim Eligibility APPROVED. Payment of $481.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3036	231358	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3037	231363	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3038	231364	Claim Eligibility APPROVED. Payment of $90.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-3039	231401	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Jefferson Parish Coroner's Office
JEFFERSON	JEFF23-307	231224	Claim Eligibility APPROVED. Payment of $935.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-308	231225	Claim Eligibility APPROVED. Payment of $935.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
JEFFERSON	JEFF23-309	231353	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO

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Parish	CVR #	Claim #	Resolution
JEFFERSON DAVI	JEFD23-300	231232	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
JEFFERSON DAVI	JEFD23-301	231392	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
LAFAYETTE	LAFA23-3011	231240	Claim Eligibility APPROVED. Payment of $1,600.00 APPROVED for Sexual Assault Forensic Exams to Hearts of Hope
LAFAYETTE	LAFA23-3015	231415	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Hearts of Hope
LAFAYETTE	LAFA23-3016	231424	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Hearts of Hope
LAFOURCHE	LAFO21-331	230752	Claim Eligibility APPROVED. Payment of $315.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
LAFOURCHE	LAFO23-3007	231453	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to The Haven
LAFOURCHE	LAFO23-3008	231456	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to The Haven
LINCOLN	LINC23-304	231375	Claim Eligibility APPROVED. Payment of $450.00 APPROVED for Sexual Assault Forensic Exams to Ouachita Parish Coroner's Office
LIVINGSTON	LIVI23-3002	231113	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
LIVINGSTON	LIVI23-3005	231242	Claim Eligibility APPROVED. Payment of $481.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
LIVINGSTON	LIVI23-3006	231243	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
LIVINGSTON	LIVI23-3007	231263	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
LIVINGSTON	LIVI23-3007	231411	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
LIVINGSTON	LIVI23-3008	231264	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
LIVINGSTON	LIVI23-3009	231265	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO

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Parish	CVR #	Claim #	Resolution
LIVINGSTON	LIVI23-3010	231361	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
LIVINGSTON	LIVI23-310	231257	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI23-310	231393	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to FMOLHS Billing Services
LIVINGSTON	LIVI23-311	231258	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
LIVINGSTON	LIVI23-312	231273	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
MOREHOUSE	MORE23-302	231426	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for Sexual Assault Forensic Exams to Ouachita Parish Coroner's Office
ORLEANS	ORLE22-3032	231365	Claim Eligibility APPROVED. Payment of $300.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE22-3055	231255	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 DENIED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE22-375	231247	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 DENIED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3058	230795	Claim Eligibility APPROVED. Payment of $90.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3105	231124	Claim Eligibility APPROVED. Payment of $2,544.85 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3106	231125	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3107	231126	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3113	231182	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3114	231183	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 DENIED for Sexual Assault Forensic Exams to LCMC Health - SBO

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Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE23-3115	231188	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3116	231214	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3117	231213	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Jefferson Parish Coroner's Office
ORLEANS	ORLE23-3118	231216	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3119	231207	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3119	231294	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3122	231230	Claim Eligibility APPROVED. Payment of $764.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3123	231238	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3125	231248	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3126	231249	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3128	231252	Claim Eligibility APPROVED. Payment of $47.77 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3131	231260	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3132	231261	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3134	231270	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3136	231278	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO

FME

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE23-3137	231284	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3142	231354	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3143	231355	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3144	231356	Claim Eligibility DENIED - Not a Compensable Expense. Payment of $0.00 DENIED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3145	231357	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3146	231359	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3148	231366	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ORLEANS	ORLE23-3149	231412	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
OTHER	OTHR23-3005	231367	Claim Eligibility DENIED - Exceeds Admin Rule Limits. Payment of $0.00 DENIED for Sexual Assault Forensic Exams to LCMC Health - SBO
OTHER	OTHR23-303	231254	Claim Eligibility DENIED - Exceeds Admin Rule Limits. Payment of $0.00 DENIED for Sexual Assault Forensic Exams to LCMC Health - SBO
OTHER	OTHR23-304	231418	Claim Eligibility DENIED - Exceeds Admin Rule Limits.
OUACHITA	OUAC22-339	230757	Claim Eligibility APPROVED. Payment of $200.40 APPROVED for Sexual Assault Forensic Exams to FMOLHS Billing Services
OUACHITA	OUAC23-314	231328	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for Sexual Assault Forensic Exams to Ouachita Parish Coroner's Office
POINTE COUPEE	POIN23-300	231306	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
POINTE COUPEE	POIN23-301	231335	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office

FME

Parish	CVR #	Claim #	Resolution
RAPIDES	RAPI22-346	230384	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to CHRISTUS St. Frances Cabrini Hospital
RAPIDES	RAPI23-3000	231344	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
RAPIDES	RAPI23-303	231447	Claim Eligibility APPROVED. Payment of $860.00 APPROVED for Sexual Assault Forensic Exams to CHRISTUS St. Frances Cabrini Hospital
ST. BERNARD	BERN23-3004	231339	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. BERNARD	BERN23-3005	231352	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. BERNARD	BERN23-3006	231413	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. BERNARD	BERN23-3007	231414	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. CHARLES	CHAR23-3007	231218	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. CHARLES	CHAR23-3007	231370	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. CHARLES	CHAR23-3008	231282	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to The Haven
ST. CHARLES	CHAR23-3009	231340	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. CHARLES	CHAR23-3011	231400	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Jefferson Parish Coroner's Office
ST. JOHN THE BA	JOHN23-3002	231208	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Jefferson Parish Coroner's Office
ST. JOHN THE BA	JOHN23-3003	231212	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Jefferson Parish Coroner's Office
ST. TAMMANY	TAMM23-3010	231251	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. TAMMANY	TAMM23-3037	231130	Claim Eligibility APPROVED. Payment of $818.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO

FME

Parish	CVR #	Claim #	Resolution
ST. TAMMANY	TAMM23-3040	231131	Claim Eligibility APPROVED. Payment of $30.37 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. TAMMANY	TAMM23-3042	231269	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Forensic Nurse Examiners of Louisiana
ST. TAMMANY	TAMM23-3046	231360	Claim Eligibility APPROVED. Payment of $672.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. TAMMANY	TAMM23-3046	231369	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. TAMMANY	TAMM23-3047	231362	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. TAMMANY	TAMM23-3047	231368	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
ST. TAMMANY	TAMM23-305	231129	Claim Eligibility APPROVED. Payment of $818.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
TANGIPAHOA	TANG22-336	231325	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to St. Tammany Health System
TANGIPAHOA	TANG23-3014	231215	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
TANGIPAHOA	TANG23-3014	231410	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
TANGIPAHOA	TANG23-3015	231239	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
TANGIPAHOA	TANG23-3016	231245	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
TANGIPAHOA	TANG23-3017	231246	Claim Eligibility APPROVED. Payment of $582.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
TANGIPAHOA	TANG23-3018	231301	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
TANGIPAHOA	TANG23-3018	231341	Claim Eligibility APPROVED. Payment of $476.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
TERREBONNE	TERR23-3008	231450	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to The Haven

FME

Parish	CVR #	Claim #	Resolution
TERREBONNE	TERR23-3009	231451	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to The Haven
TERREBONNE	TERR23-3010	231452	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to The Haven
UNION	UNIO23-301	231234	Claim Eligibility APPROVED. Payment of $400.00 APPROVED for Sexual Assault Forensic Exams to Ouachita Parish Coroner's Office
VERMILION	VERM23-3003	231298	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Hearts of Hope
VERMILION	VERM23-3004	231425	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to Hearts of Hope
VERNON	VERN21-311	222796	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to CHRISTUS St. Frances Cabrini Hospital
VERNON	VERN23-302	231446	Claim Eligibility APPROVED. Payment of $1,000.00 APPROVED for Sexual Assault Forensic Exams to Lake Charles Memorial Hospital
WASHINGTON	WASH23-3003	231114	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
WASHINGTON	WASH23-3003	231127	Claim Eligibility APPROVED. Payment of $908.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
WASHINGTON	WASH23-301	231307	Claim Eligibility APPROVED. Payment of $600.00 APPROVED for Sexual Assault Forensic Exams to East Baton Rouge Parish Coroner's Office
WASHINGTON	WASH23-302	231300	Claim Eligibility APPROVED. Payment of $90.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO
WASHINGTON	WASH23-302	231342	Claim Eligibility APPROVED. Payment of $391.00 APPROVED for Sexual Assault Forensic Exams to LCMC Health - SBO

STANDARD

Parish	CVR #	Claim #	Resolution
ACADIA	ACAD23-001	231034	Claim Eligibility APPROVED. Payment of $4,000.00 APPROVED for FUNERAL to Semien-Lewis Mortuary, LLC
ASCENSION	ASCE22-001	221222	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Demby & Son Funeral Home

STANDARD

Parish	CVR #	Claim #	Resolution
ASCENSION	ASCE22-006	230609	Claim Eligibility APPROVED. Payment of $37.50 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates Payment of $150.00 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates Payment of $0.00 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates
CADDO	CADD19-828	231206	Claim Eligibility APPROVED. Payment of $634.50 APPROVED for MEDICAL to Claimant
CADDO	CADD22-0001	221073	Claim Eligibility APPROVED. Payment of $324.88 APPROVED for FUNERAL to Claimant
CADDO	CADD22-0001	231308	Claim Eligibility APPROVED. Payment of $467.50 APPROVED for FUNERAL to Claimant
CADDO	CADD22-0001	231309	Claim Eligibility APPROVED. Payment of $935.03 APPROVED for FUNERAL to Claimant
CADDO	CADD22-0001	231310	Claim Eligibility APPROVED. Payment of $467.50 APPROVED for FUNERAL to Claimant
CADDO	CADD22-0001	231311	Claim Eligibility APPROVED. Payment of $935.03 APPROVED for FUNERAL to Claimant
CADDO	CADD22-0001	231312	Claim Eligibility APPROVED. Payment of $935.03 APPROVED for FUNERAL to Claimant
CADDO	CADD22-0001	231313	Claim Eligibility APPROVED. Payment of $935.03 APPROVED for FUNERAL to Claimant
CADDO	CADD23-0003	231105	Claim Eligibility APPROVED. Payment of $4,150.00 APPROVED for FUNERAL to Precious Memories Mortuary
CALCASIEU	CALC21-602	220864	Claim Eligibility APPROVED. Payment of $80.00 APPROVED for MENTAL HEALTH to Claimant
CALCASIEU	CALC22-004	230061	Claim Eligibility APPROVED.
CALCASIEU	CALC22-016	222492	Claim Eligibility APPROVED. Payment of $79.80 APPROVED for MEDICAL to Claimant Payment of $297.25 APPROVED for MEDICAL to Claimant Payment of $384.75 APPROVED for MEDICAL to Claimant Payment of $136.08 APPROVED for MEDICAL to Claimant Payment of $556.05 APPROVED for MENTAL HEALTH to Claimant

STANDARD

Parish	CVR #	Claim #	Resolution
CALCASIEU	CALC22-020	230438	Claim Eligibility APPROVED. Payment of $680.00 APPROVED for MEDICAL to Claimant Payment of $205.37 APPROVED for MEDICAL to Claimant Payment of $775.07 APPROVED for MEDICAL to Claimant Payment of $12.38 APPROVED for MEDICAL to Claimant
CALCASIEU	CALC22-370	231095	Claim Eligibility APPROVED. Payment of $88.00 APPROVED for MEDICAL to Lake Charles Memorial Hospital Payment of $156.20 APPROVED for MEDICAL to Lake Charles Memorial Hospital Payment of $60.00 APPROVED for MEDICAL to Claimant
CALCASIEU	CALC23-005	231291	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
CALCASIEU	CALC23-601	230894	Claim Eligibility APPROVED. Payment of $723.24 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance
EAST BATON ROU	EBAT21-088	211951	Claim Eligibility APPROVED. Payment of $3,230.00 APPROVED for MEDICAL to Claimant
EAST BATON ROU	EBAT22-0170	230090	Claim Eligibility APPROVED. Payment of $1,499.19 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-0170	230939	Claim Eligibility APPROVED. Payment of $859.00 APPROVED for FUNERAL to A. Hamilton Platinum Funeral Services Payment of $2,141.70 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-0172	230097	Claim Eligibility APPROVED. Payment of $1,500.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-0174	231374	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-0182	230209	Claim Eligibility APPROVED. Payment of $375.00 APPROVED for MENTAL HEALTH to Brandon P. Romano & Associates
EAST BATON ROU	EBAT22-0194	230334	Claim Eligibility APPROVED. Payment of $3,165.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-0204	230477	Claim Eligibility APPROVED. Payment of $4,000.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-0210	230538	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-0219	231371	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Richardson Funeral Home of Clinton

STANDARD

Parish	CVR #	Claim #	Resolution
EAST BATON ROU	EBAT22-040	221543	Claim Eligibility APPROVED. Payment of $2,039.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT22-041	221542	Claim Eligibility APPROVED. Payment of $2,039.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT23-0004	230760	Claim Eligibility APPROVED. Payment of $3,100.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT23-0006	230847	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
EAST BATON ROU	EBAT23-0016	231445	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Claimant
IBERIA	IBER22-011	230625	Claim Eligibility APPROVED. Payment of $4,000.00 APPROVED for FUNERAL to Claimant
IBERVILLE	IBEV22-015	230854	Claim Eligibility APPROVED. Payment of $2,500.00 APPROVED for FUNERAL to A Wesley's Funeral Home
JEFFERSON	JEFF21-010	220471	Claim Eligibility APPROVED. Payment of $453.92 APPROVED for WAGE to Claimant Payment of $44.24 APPROVED for MEDICAL to Inclusive Care Payment of $308.11 APPROVED for MEDICAL to Ochsner Health Payment of $1,134.65 APPROVED for MEDICAL to LCMC Health - SBO
JEFFERSON DAVI	JEFD22-004	230497	Claim Eligibility APPROVED. Payment of $100.00 APPROVED for MENTAL HEALTH to M.O.R.E. Heart & Soul Counseling & Consulting Payment of $1,500.00 APPROVED for MENTAL HEALTH to Claimant
LAFAYETTE	LAFA22-0014	231163	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for FUNERAL to Claimant Payment of $3,709.00 APPROVED for FUNERAL to Claimant
LAFOURCHE	LAFO22-001	231276	Claim Eligibility APPROVED.
LIVINGSTON	LIVI22-002	222072	Claim Eligibility APPROVED. Payment of $2,857.19 APPROVED for MEDICAL to Claimant Payment of $0.00 APPROVED for MEDICAL to Claimant Payment of $5,891.13 APPROVED for WAGE to Claimant Payment of $170.68 APPROVED for MEDICAL to Radiology Associates (BR) Payment of $0.00 APPROVED for MEDICAL to Our Lady of the Lake R.M.C. Payment of $0.00 APPROVED for MEDICAL to Orthopedic Surgery Center Payment of $1,081.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance

STANDARD

Parish	CVR #	Claim #	Resolution
LIVINGSTON	LIVI23-001	231420	Claim Eligibility APPROVED. Payment of $479.30 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to Acadian Ambulance
NATCHITOCHES	NATC22-001	222465	Claim Eligibility APPROVED. Payment of $4,435.00 APPROVED for FUNERAL to Robinson Family Mortuary, LLC
NATCHITOCHES	NATC22-004	230809	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
NATCHITOCHES	NATC22-005	230804	Claim Eligibility APPROVED. Payment of $155.00 APPROVED for FUNERAL to Rockford Baptist Church
ORLEANS	ORLE19-320	231449	Claim Eligibility APPROVED. Payment of $1,350.00 APPROVED for MENTAL HEALTH to Claimant
ORLEANS	ORLE21-095	211775	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE21-292	231381	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for MEDICAL to LCMC Health - SBO
ORLEANS	ORLE22-066	221768	Claim Eligibility APPROVED. Payment of $1,800.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-116	230355	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-157	222604	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-224	230154	Claim Eligibility APPROVED. Payment of $1,890.50 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-241	230210	Claim Eligibility APPROVED. Payment of $4,500.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-270	231316	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-292	231428	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-352	231408	Claim Eligibility APPROVED. Payment of $215.60 APPROVED for MEDICAL to LCMC Health - SBO Payment of $235.00 APPROVED for AMBULANCE TRANSPORT (MEDICAL) to City of New Orleans Payment of $250.08 APPROVED for MEDICAL to LCMC Health - SBO Payment of $255.75 APPROVED for MEDICAL to Tulane University Medical Group Payment of $138.05 APPROVED for MEDICAL to Tulane University Medical Group

STANDARD

Parish	CVR #	Claim #	Resolution
ORLEANS	ORLE22-819	231317	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ORLEANS	ORLE22-860	231431	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for MEDICAL to LCMC Health - SBO
ORLEANS	ORLE22-865	231435	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for MEDICAL to LCMC Health - SBO
ORLEANS	ORLE22-868	231444	Claim Eligibility APPROVED. Payment of $0.00 APPROVED for MEDICAL to LCMC Health - SBO
ORLEANS	ORLE22-885	231292	Claim Eligibility APPROVED. Payment of $10,000.00 APPROVED for WAGE to Claimant
ORLEANS	ORLE23-026	231423	Claim Eligibility APPROVED. Payment of $543.18 APPROVED for FUNERAL to New Orleans Funeral and Cremation Service Payment of $803.09 APPROVED for FUNERAL to Claimant
OUACHITA	OUAC22-004	221985	Claim Eligibility DENIED - Contribution. Payment of $0.00 DENIED for FUNERAL to Claimant
OUACHITA	OUAC22-014	230495	Claim Eligibility APPROVED. Payment of $263.38 APPROVED for MEDICAL to FMOLHS Billing Services Payment of $564.30 APPROVED for MEDICAL to Claimant
OUACHITA	OUAC23-006	231334	Claim Eligibility APPROVED. Payment of $250.00 APPROVED for FUNERAL to Claimant Payment of $2,800.00 APPROVED for FUNERAL to Claimant
OUACHITA	OUAC23-304	231274	Claim Eligibility APPROVED.
ST. CHARLES	CHAR22-0024	222704	Claim Eligibility APPROVED.
ST. CHARLES	CHAR22-0028	230007	Claim Eligibility APPROVED.
ST. CHARLES	CHAR22-0029	230012	Claim Eligibility APPROVED.
ST. CHARLES	CHAR22-0034	222947	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ST. CHARLES	CHAR22-0034	222963	Claim Eligibility APPROVED.

STANDARD

Parish	CVR #	Claim #	Resolution
ST. CHARLES	CHAR22-0039	230293	Claim Eligibility APPROVED.
ST. CHARLES	CHAR22-0045	230489	Claim Eligibility APPROVED.
ST. CHARLES	CHAR22-0046	230488	Claim Eligibility APPROVED.
ST. LANDRY	LAND23-001	231326	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
ST. LANDRY	LAND23-003	231327	Claim Eligibility APPROVED. Payment of $2,114.10 APPROVED for FUNERAL to Ford and Joseph Funeral Home Payment of $1,900.00 APPROVED for FUNERAL to Claimant Payment of $0.00 APPROVED for FUNERAL to Claimant
ST. MARTIN	MART22-007	230734	Claim Eligibility APPROVED. Payment of $4,116.45 APPROVED for SUPPORT to Claimant
ST. MARTIN	MART22-007	231346	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant
TANGIPAHOA	TANG19-049	201260	Claim Eligibility APPROVED. Payment of $5,000.00 APPROVED for FUNERAL to Claimant

ADJOURNMENT / OTHER BUSINESS

Ms. Dupuy invited public comments to be addressed to the board. No public comments were made.

Ms. Theriot made a motion to amend the agenda to consider the Appeal first under Standard Applications. Ms. Thibodeaux seconded the motion and the motion was passed unanimously.

Ms. Shorty made a motion to amend the agenda to review mental health claims out of order under New Applications. Ms. Thibodeaux seconded the motion and the motion was passed unanimously.

The CVR Board continued on reviewing new applications, in order of the agenda that was presented.

Actions taken during the Summary of Amendments to the Proposed Notice of Intent.

1. Ms. Thibodeaux made a motion to remove "contents" from Catastropic Property Loss and to change to "abode". Ms. Shorty seconded the motion and the motion was approved unanimously.

2. Mr. Guillory made a motion to repeal the Forensic Medical Exam Fee Schedule. Ms. Theriot seconded the motion and the motion was approved unanimously.

3. Ms. Tonkovich made a motion to remove the cap on ancillary expenses to a Forensic Medical Exam. Ms. Russ seconded the motion and the motion was approved unanimously.

4. Ms. Shorty made a motion to limit relocation expenses up to $5,000.00 per head of household. Ms. Theriot seconded the motion and the motion was approved unanimously.

7. Ms. Shorty made a motion to approve all changes as amended to the Notice of Intent. Ms. Thibodeaux seconded the motion and the motion was approved unanimously.

8. Staff was asked to have the board solicit an opinion from the Board of Ethics. Ms. Shorty made a motion to approve the request and to seek an opinion from the Board of Ethics after the board has discussed the verbage of the letter at the May 9th board meeting. Ms. Thibodeaux seconded the motion and the motion was approved unanimously.

9. Ms. Shorty made a motion to approve all changes as amended and to submit the Notice of Intent as amended. Ms. Thibodeaux seconded the motion and the motion was approved unanimously.

10. Ms. Gautier made a motion to add an effective date for crimes on or after 5/1/23 for all expense caps that were amended. Ms. Thibodeaux seconded the motion and the motion was passed unanimously.

The Board agreed to schedule the next meeting for May 09, 2023 at 9:00 a.m.

Ms. Gautier made a motion to adjourn the meeting. Mr. Shorty seconded the motion. Ms. Dupuy adjourned the meeting at 10:50 a.m.

CVR Action: The board approved 246 payments.

EXPLANATION: As approved at the 4/11/2023 meeting, the CVR Board requests the LCLE Fiscal Department to prepare 246 claims for checks totaling $298,239.17 as specified in the summary below.

SUMMARY:

FME FUNDS: 171 CLAIMS; $113,042.11
STATE FUNDS: 1 CLAIM; $1,900.00
FEDERAL FUNDS: 3 CLAIM; 7,683.95
JRI FUNDS: 71 CLAIMS; $175,613.11
TOTALS: 246 CLAIMS; $298,239.17

AVERAGE PER CLAIM:
FME: $661.06
STATE: $1,900.00
FEDERAL: $2,561.31
JRI: $2,473.42

Summary of Amendments to the Proposed Notice of Intent

1. Catastrophic Property Loss

   A maximum of $10,000 may be awarded if a victim's abode is owned by them and ~~the abode/contents are~~ destroyed by a criminal act. ($15,000 for crimes occurring after 5/1/23)

2. Forensic Medical Exam Reimbursement Fee Schedule Repealed

3. Ancillary Expenses to Forensic Medical Exam

   N. Medical Examination of Sexual Assault Victims

   ~~1.~~ A healthcare provider can ~~only~~ send a claim form in for reimbursement for a forensic medical exam performed on a victim of a sexually-oriented criminal offense. The direct reimbursement claim form must be accompanied by the attestation form signed by the forensic medical examiner. The healthcare provider who performs the forensic medical exam will be reimbursed an amount of as provided by law. ~~$600.00~~. The healthcare facility at which the forensic medical exam was conducted will be reimbursed an amount as provided by law. ~~of $1,000.00.~~

   2. The reimbursement amounts for the forensic medical exam will cover the following services: (as provided by R.S. 40:1216.1)

   ~~3.~~ Healthcare services or expenses ancillary to a forensic medical examination and directly related to the crime may be reimbursed. ~~in an amount not to exceed $1,000.00. A victim can file an application if they are billed for these expenses. An itemized bill and supporting documentation must be submitted with the application.~~

   ~~4. A person who presents to a healthcare facility as a victim of a sexual offense and does not receive a forensic medical exam can submit an application. An itemized bill and supporting documentation must be submitted with the application. The maximum reimbursement for this type of visit may not exceed up to $1,000.00.~~

4. Relocation Expenses are limited up to $ 5,000 per head of household.
5. Funeral Expenses:

   The board will reimburse up to a maximum of $ 5,000 to cover reasonable expenses actually incurred for the funeral, burial, or cremation. ($ 6,500 for crimes occurring after 5/1/23).

6. Loss of Support

   The board will reimburse loss of support up to a maximum of $ 10,000 ($ 15,000 for crimes occurring after 5/1/23)