



Requirements Model

CVAD - CVC Claims Assistant Web Application

6/4/2013



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REQUIREMENTS MODEL

FUNCTIONAL REQUIREMENTS

NAVIGATION

Requirement ID Updated Date Status	Description
Claims Level 10/30/2012 Proposed	<p>Screens:</p> <ol style="list-style-type: none">1. Activity Log2. Referral (for Advocate)3. Record/Contact (Print option)4. Intake - Claims Expense tab5. Crime Information (Print option)6. Restitution/Recovery7. Letters8. File Attachment9. Eligibility/Determination10. Payment Summary <p>The new system need to have connectivity from the claim level to the advocate level of interface to see all information regardless of the user role, This also needs to be same from the advocate level to the claim level as well.</p>
Criminal Justice Level 10/30/2012 Proposed	<p>Header: Criminal Justice - County Attorney Agency</p> <p>Listing of columns from left to right:</p> <ol style="list-style-type: none">1. Attorney Name (first name and last name)2. Attorney Type3. County4. Inactive (y/n)



Requirement ID Updated Date Status	Description
Maintenance Level 10/30/2012 Proposed	<p>Header - Subheading Title Sub-headings under the Maintenance Level</p> <p>1. Group/Users (ENTAA) Listing of column name from left to right: Screen Heading - USERS Group Name User Name</p> <p>2. Code Editor (LOV) Screen Heading - CODE TABLE Code Table Name Code Description</p> <p>3. Rate Editor Screen Heading - RATE Fiscal Year Rate Name Rate Value Systems needs to use rates based on the submit date of the application.</p> <p>4. System Preference Window Heading - System Preference Sub-Heading = Current Fiscal Year Start FY: Drop Down of date (mm/dd/yyyy) End FY: Drop Down of date (mm/dd/yyyy) Save and Cancel button.</p> <p>5. Claim Investigator Assistance Window Heading - Claim Count by Investigator</p> <p>New system needs to provide a view to compare Comp. Specialists (Investigator) by fiscal year to fiscal year with the field values listed below.</p> <p>Sub-Heading - Select a fiscal year to view the Primary and Secondary case counts. The Secondary cases are multiplied by 25 and then added to the Primary count. The user with the lowest weight will get the next claim. Fiscal Year: Drop Down of year (YYYY) Search Button Cancel Button</p> <p>Listing of columns from left to right: First Name Last Name Primary Case Count Secondary Case Count Total Claims Factor Weight</p>



Requirement ID Updated Date Status	Description
Reports Level 10/25/2012 Proposed	Header - Reports 1. File Name
Restitution Level 10/30/2012 Proposed	This would allow the users to navigate directly rather than going through the claim level. Review restitution screens.
Service Providers Level 10/30/2012 Proposed	Header - Service Provider (Type) Sub-headings 1. Dental Provider 2. Funeral Provider 3. Inactive Provider 4. Medical Provider 5. Mental Health Provider 6. Other Provider 7. Pharmacy Provider Listing of columns from left to right for each Provider Sub-heading. Name (Service Provider Name) Type Sub-Type (LOV) Example: Medical Provider – Subs Doctor, EMS, etc. etc. Vendor # Tax Id # Email
Survey Level 10/25/2012 Proposed	Header - Survey Listing of columns left to right: 1. Case # 2. Created By 3. Sent Date 4. Return Date 5. Comments
Victim Services Level 10/30/2012 Proposed	N/A Consumed into Service Provider Level



CLAIM SEARCH

CLAIM - SERVICE PROVIDER

Requirement ID Updated Date Status	Description
CSP.01.04/13/2012 6/25/2012 Proposed	1. To have capability to search by first three positions of the service provider name and also by city. 2. To have capability to search a provider by Tax ID number.

CLAIM/PERSONAL INFORMATION LEVEL

Requirement ID Updated Date Status	Description
CL.01.05/11/12 5/23/2012 Proposed	<p>Search Criteria:</p> <ol style="list-style-type: none"> 1. Claim Number 2. Victim Name – Includes first name, last name. (partial – starts with , contains) 3. Claimant Name - Includes first name, last name. (partial – starts with , contains) 4. Offender Name - Includes first name, last name. (partial – starts with , contains) 5. Crime Date – mm/dd/yyyy with a date picker. 6. DOB – mm/dd/yyyy with a date picker. Searches multiple fields. 7. SSN - Searches multiple fields. 8. Warrant Number (entry) 9. Location of Crime <p>Find button to execute the search Clear button to remove search criteria selected.</p> <p>Listing of claims matching the search criteria (result box) Field Headers for search result:</p> <ol style="list-style-type: none"> 1. Claim # 2. Crime Date 3. File Location 4. Claimant Name 5. Victim Name 6. Offender Name



Requirement ID Updated Date Status	Description
CL.02.06/25/2012 6/25/2012 Proposed	Ability to search crime summaries by word/group of words? This would be not just for one crime summary at a time, but to be able to search multiple crime summaries in multiple claims. <ol style="list-style-type: none"> 1. Quick text or quick notes? This needs to be stored in a database to search against for using another time. 2. This needs to be allowed for users to choose from in another memo created. 3. Also need a canned summary of quick notes - Gather a listing of the standard quick text or quick notes.

CLAIMS SECTION - SCREENS/VIEWS

CLAIMS VIEW

Requirement ID Updated Date Status	Description
Add/Edit/Remove Payment 9/7/2012 Proposed	View only (disabled fields) throughout the claim payment process. <ol style="list-style-type: none"> 1. Claim Number 2. Victim's Name 3. Assigned To: 4. Status 5. Location View to show the Personal Information, Dependent Expense/Awards for all Benefit Types. Personal Information: <ol style="list-style-type: none"> 1. Provider 2. Award Date 3. Award (\$) to Provider 4. Award (\$) to Claimant 5. Total (\$) Awarded When adding/editing a claim the system needs to allow for setting a flag, indicator or checkbox to be a Supplemental Pending Claim and the date it became a Supplemental Pending Claim. This also needs to allowed for multiple supplemental payments for an individual claim.



**CVC - AG Crime Victims Compensation
Assistance Division (CVAD)
Requirements Specification**

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Requirement ID Updated Date Status	Description
CVA.01.05/11/12 5/24/2012 Proposed	This is on the Main View of the application. 1. Claims All - Listing of all claims by current (default) fiscal year with the ability to change the fiscal year. 2. Ability to export the Claim View into excel with setting parameters as needed. Field - Headers a. Claim # b. Claim Status c. Staff Assigned d. Victim e. Claimant f. Claimant Type (primary or secondary) g. Crime Type h. File Location
MVM.01.05/11/12 5/23/2012 Proposed	Each Screen/View in the new application will need to have the following Menu's: 1. File 2. Edit 3. View 4. Tools 5. Help
MVO.01.05/11/12 5/24/2012 Proposed	Each Screen/View in the new application will need to have the following Options throughout the application: All of these options need to be tied to privileges by user role. 1. New 2. Open 3. Delete 4. Find 5. Assigned To 6. Assign Claim (Re-assigning) 7. Move Claims 8. Change Status 9. Info Pending 10. Warrant # 11. Invoice 12. Letters 13. Intake 14. Letter Builder



Requirement ID Updated Date Status	Description
New Claim and Eligibility Status's Proposed 5/3/2013	Claim Status's: 1. New 2. Pending 3. Denied 4. Approved 5. Withdrawn (no need for reimbursement – lawsuit?) Eligibility Status's: 1. ENP (Eligible No Pay) 2. Approved 3. Denied

CLAIMS EDIT (INTAKE)

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
CE.01.05/11/12 9/20/2012 Proposed	<p>Claim Edit (Intake) Screen: General requirement - Homicide claims need to have a flag or some indicator associated to their claims to differentiate them from all other claims throughout the claims process of the application.</p> <p>All drop down fields need to be editble to add new values or edit existing values.</p> <p>All of the following fields need to be displayed in the Claims Edit window throughout the Claims Edit process regardless of the tab (section) selected.</p> <ol style="list-style-type: none"> 1. Claim Number (Admin. is only user allowed edit) 2. Assigned To (drop down -Admin. is only user allowed edit) 3. QC Staff (drop down - Admin. is only user allowed edit) The Activity Log needs to diplay the QC Staff for every transaction on status changes and the QC Date. 4. QC Status (drop down) 5. QC Date 6. Date Entered (Admin. is only user allowed edit) 7. Date Received 8. Claim Status (drop down) 9. Claim Location (drop down) 10. Save button to save changes for any change made for the following.... <ol style="list-style-type: none"> a. Intake b. Crime Information c. Letters d. Eligibility/Determination e. Record/Contact f. Payment Summary g. Activity Log h. Restitution/Recovery i. File Attachment j. Referral <p>Tab options with Claim Edit:</p> <ol style="list-style-type: none"> 1. Eligibility/Determination 2. Record/Contract 3. Payment Summary 4. Activity Log 5. Restitution/Recovery <ol style="list-style-type: none"> a. Restitution Ordered Date b. Restitution Amount Requested for Claim c. Restitution Ordered for Claim d. Ability to enter and track payments received in CVC. e. Ability to calculate/view restitution amount ordered vs. restitution paid (calculate remaining restitution owed) One check can come in (Polk County), but that check covers multiple (cases) restitution payments. f. Ability to track refunds on restitution payments. g. Ability to interface with Clerk of Courts and Corrections to view restitution collection activity. 6. File Attachment 7. SAE (future phase) 8. Referral



Requirement ID Updated Date Status	Description
Intake Tab (Victim)	<p>Tabs with views within in the Claims Edit Screen: The Primary and Secondary information on a claim will need to have separate intake tabs/view, but be linked from Secondary to the Primary. The new application shouldn't require the user to drill through the Primary Information to get to the Secondary Information. This is currently an issue the desktop application.</p> <p>1. Intake (Victim) Fields:</p> <ul style="list-style-type: none"> a. Last Name b. First Name c. MI d. Suffix e. SSN f. DOB g. Age h. Street Address 1 i. Street Address 2 j. City/State/Zip (Zip code - drop down value options need to auto populate based on state selected. k. County l. Country m. Email n. Phone – Needs to include options for Type, Area Code, Number and Extension. This will also need to include add, edit and remove options. o. Alert – This is a note field to alert other users for useful information. p. Gender (drop down - DB Table with Federal values) q. Race (drop down - DB Table with Federal values) r. Handicap (drop down – Y/N) s. Radio Buttons to select 'Victim is Claimant, Victim is Not Claimant or Victim is Deceased'. If 'Victim is Claimant' is selected then the application needs to auto populate the Claimant information window and field values. If 'Victim is Not Claimant or Victim is Deceased' is selected the Claimant Information window needs to prompt for the user to enter information provided. Victim Deceased = Homicide. t. Claimant display at the bottom of the window if 'Victim is Claimant' is selected. Display Claim#, Victim Name, Claimant Name, Relationship to Victim and Claimant Type. u. Employer Button option (Used for mail request to get more information and to populate payment on Lost Wages). The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location. <ul style="list-style-type: none"> i. Self Employed checkbox - If checked the same information needs to auto populate from the Intake information window with an option to edit. ii. Employer iii. Supervisor Last Name iv. Supervisor First Name v. Supervisor MI vi. Supervisor Suffix vii. Supervisor Gender viii. Address 1 ix. Address 2 x. City/State/Zip (Zip code - drop down value options need to auto populate based on state selected. xi. E-Mail xii. Phone Type, Area Code, Number and Extension. Option to Add, Edit and Remove. v. Authorized Contacts option – The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location. This option can be moved to the current Record/Contact Tab; going forward this will be called the Contact Log in the new application. <ul style="list-style-type: none"> i. Contact 1 Section – First Name, Last Name, MI, Suffix, Relationship to Victim (drop down –DB Table), Phone (Area Code, Number and Extension) ii. Contact 1 Section – First Name, Last Name, MI, Suffix, Relationship to Victim (drop down –DB Table), Phone (Area Code, Number and Extension) iii. Email iv. Notes section



Requirement ID Updated Date Status	Description
Continued from Intake Tab	<ul style="list-style-type: none"> w. Private Attorney Button option <ul style="list-style-type: none"> i. Name ii. Type – always will default to 'Private Attorney' iii. Contact Last Name iv. Contact First Name v. Contact MI vi. Contact Suffix vii. Contact Gender viii. Address 1 ix. Address 2 x. City/State/Zip - drop down value options need to auto populate based on state selected. xi. Phone – Needs to include options for Type, Area Code, Number and Extension. This will also need to include add, edit and remove options – TBD xii. Save Button xiii. Cancel Button xiv. Alert – To create a letter for the attorney and victim. The end of the letter should state cc: to attorney, so the victim knows the attorney is receiving a copy. v. Insurance Button option – The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location. <ul style="list-style-type: none"> i. Initial window display will need to include the following when there is existing insurance information with an Add, Edit and Remove option. <ul style="list-style-type: none"> • Insurance Policy Information • Insurance Company • Insurance Type ii. Add/Edit Window <ul style="list-style-type: none"> • Company Name • Type (drop down – DB Table) • Policy # • Policy Holder Name • Address 1 • Address 2 • City/State/Zip (Zip code - drop down value options need to auto populate based on state selected. • Save Button • Cancel Button



Requirement ID Updated Date Status	Description
Claimant Information	<p>Claimant Information Window – The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location.</p> <p>1. Personal Information Tab (Fields):</p> <ul style="list-style-type: none"> a. Last Name b. First Name c. MI d. Suffix e. SSN f. DOB g. Age h. Relationship to Victim (drop down – DB table with values) i. Alert – This is a note field to alert other users for useful information. j. Street Address 1 k. Street Address 2 l. City/State/Zip (Zip code - drop down value options need to auto populate based on state selected. m. County n. Country o. Email p. Phone – Needs to include options for Type, Area Code, Number and Extension. This will also need to include add, edit and remove options. q. Private Attorney option – TBD Same as Intake? r. Insurance option – TBD Same as Intake? s. Same as Victim button – When selected this needs to auto populate the Victim's information as also the Claimant Information. NOTE: Victim/Claimant windows will be separate windows, but may utilize the same information. <p>2. Dependent Information Tab (Fields): Loss of Support and Extended Loss Wages. Both are part of the Loss of Support Benefit Type for Homicide and non-homicide cases.</p> <p><u>Dependents Header</u> – Application needs to allow for entry of multiple dependents. The dependent information (number of dependents) needs to be provided to Loss of Support and Extended Lost Wages payment information to determine the correct available benefit cap.</p> <ul style="list-style-type: none"> a. First Name b. Middle Initial c. Last Name d. DOB e. SSN f. Add Button – New dependent g. Edit Button – Edit exiting dependent h. Remove Button – Delete exiting dependent <p>General Information needed when Add/Edit is selected:</p> <ul style="list-style-type: none"> i. Last Name ii. Middle Name iii. First Name iv. Suffix v. DOB vi. SSN vii. Relationship to Victim (drop down – DB Table) viii. Relationship to Claimant (drop down – DB Table) ix. Address x. City/State/Zip (drop down – DB Table for each) xi. Phone Number (including area code)



Requirement ID Updated Date Status	Description
<p>NEW – Payments Tab (this needs to be separate from the Claims Intake/Edit Tab and we'd like to put the Payment Summary process within the Payments Tab as well instead of having a separate Payments Summary Tab)</p>	<p>1. Expenses/Awards (1,2) To Be Relabeled = PAYMENTS</p> <ul style="list-style-type: none"> a. Expense Main Display – This display needs to provide a summary of all Expenses/Awards and Denials for each applicable benefit type for a given claim. All benefit types need to have an option to Add, Edit and Remove. This also needs to include a Total Loss Field (NEW – Actual Victim Loss; which may exceed the benefit cap) ADD TO ALL BENEFIT TYPES and Total Compensable Loss (NEW – Total payment requested not to exceed the benefit cap) a. This will need to take them to a specific Payment window for each benefit type. See each benefit type Payment Window for details. <ul style="list-style-type: none"> i. Lost wages - WAGES/INJURY, HOMICIDE SURV WAGES COURT or SECONDARY WAGES COURT Fields/Values to provide in display: Award Date Total Award(s) Date From Date To Employer Name Expense Type ii. Loss of Support/Extended Lost Wages - LOSS OF SUPPORT Fields/Values to provide in display: Award Date Total Award(s) Date To (extended lost wages only) Date From (extended lost wages only) Dependent Name – Allow for multiple entries (first and last name) iii. Counseling – COUNSELING, HOMICIDE SURV COUNSELING & SECONDARY VICTIM COUNSELING Fields/Values to provide in display: Provider Award Date Award to Provider Award to Claimant Total Award(s) Date(s) of Service iv. Medical/Dental – MEDICAL/DENTAL or HOMICIDE SURV MEDICAL Fields/Values to provide in display: Provider Award Date Award to Provider Award to Claimant Total Award(s) Date(s) of Service v. Funeral and burial of homicide victim –FUNERAL Fields/Values to provide in display: Provider Award Date Award to Provider Award to Claimant Total Award(s) Date(s) of Service



Requirement ID Updated Date Status	Description
<p>NEW – Payments Tab (this needs to be separate from the Claims Intake/Edit Tab and we'd like to put the Payment Summary process within the Payments Tab as well instead of having a separate Payments Summary Tab)</p>	<ul style="list-style-type: none"> i. Residential crime scene clean-up per primary claim. - CRIME SCENE CLEANUP Fields/Values to provide in display: Provider Name Award Date Award to Provider Award to Claimant Total Award(s) Date(s)of Service ii. Child or dependent adult care - DEPENDENT CARE Fields/Values to provide in display: Provider Name Award Date Award to Provider Award to Claimant Total Award(s) Date(s)of Service iii. Clothing/bedding held as evidence - CLOTHING BEDDING Fields/Values to provide in display: Award Date Award to Provider Award to Claimant Total Award(s) iv. Replacement of residential security items - RESIDENTIAL SECURITY Fields/Values to provide in display: Provider Name Award Date Award to Provider Award to Claimant Total Award(s) Date(s)of Service v. Transportation/lodging benefit – TRAVEL Fields/Values to provide in display: Provider Name Award Date Award to Provider Award to Claimant Total Award(s) Date(s)of Service



Requirement ID Updated Date Status	Description
Payments Tab (window continued)	<p>Payment Tab Section:</p> <ol style="list-style-type: none"> 1. Claim Decision - (drop down DB Table) <ol style="list-style-type: none"> 1. Business Rule/Requirement to define when system can make payments – If Eligibility Decision = Eligibility (No Pay) or Approved and the Claim Status is <> Approved then DO NOT allow payments to be made. Once the Claim Status = Approved and the Eligibility Decision = Eligibility (No Pay) or Approved then payments can be allowed. 2. Date – (MM/DD/YYYY) 3. Notes – Free Form Text Field <p>Appeals Section :</p> <p>If the Claim Status is Denied, then it can be appealed at the Director level first, then the Board level and lastly the District Court level. Each level has the option to override the denied to approved.</p> <ol style="list-style-type: none"> 1. Appeal to Director Tab <ol style="list-style-type: none"> a. Request Date (MM/DD/YYYY) b. Decision (drop down – DB Table) c. Decision Date (MM/DD/YYYY) d. Notes – Free Form Text 2. Appeal to Board Tab <ol style="list-style-type: none"> a. Request Date (MM/DD/YYYY) b. Decision (drop down – DB Table) c. Decision Date (MM/DD/YYYY) d. Notes – Free Form Text 3. Appeal to District Court Tab: <ol style="list-style-type: none"> a. Request Date (MM/DD/YYYY) b. Decision (drop down – DB Table) c. Decision Date (MM/DD/YYYY) d. Notes – Free Form Text



Requirement ID Updated Date Status	Description
Lost Wages Payment Window	<p>Lost Wages Payment: The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victim's Name, Assigned To, Status, and Location.</p> <p>Lost Wages Information: This information needs to be provided when adding a new payment or editing an existing payment. \ Display field names and values for selected record.</p> <ul style="list-style-type: none"> a. Award Date b. Total Award(s) c. Date From d. Date To e. Employer Name f. Expense Type g. Lost Wages Sub-Total h. Add, Edit Remove button options <p>If Add/Edit is selected another window will prompt with the following:</p> <ul style="list-style-type: none"> a. Employer Name - required (drop down – DB Table) b. QC Staff (drop down – DB Table) c. QC Date d. Award Type (drop down – DB Table) e. Award Date f. Award Status (drop down – DB Table) g. Award Status Date h. Notes Field – Free form text i. Lost Wages Calculation Information <ul style="list-style-type: none"> i. Name of Employer (drop down – DB Table; allow for multiple employers) ii. Expense Type (drop down – DB Table) j. Collateral Information <ul style="list-style-type: none"> i. Source (drop down – DB Table and allow for 5 entries) ii. Amount (allow for 5 entries to correspond with Source) k. Lost Period Information Application needs to allow for entering a list of dates and/or range of dates and display for the lost period(s). l. Total Expense Field m. Total Payment Field n. Calculate Button – Calculates collateral information o. Clear Button – Removes all entries. <p><i>Lost Wages Calculation</i></p> <ul style="list-style-type: none"> a. <i>After the Lost Wages are entered in for the Lost Period (see under collateral information) Any deductions, such as Workers Compensation, Unemployment etc. The application needs to auto adjust from the benefit cap to provide back to the user for what's available for CVC to make payments. This needs to be displayed in the new application.</i> b. <i>Benefit Cap – If the benefit cap is reached for victim (6,000) then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments. The application also needs to prompt the user that, if there are eligible dependents they are eligible for Extended Lost Wages at 4,000 per eligible dependent.</i>



Requirement ID Updated Date Status	Description
Extended Lost Wages Payment Window	<p>Extended Lost Wages Payment: The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location.</p> <p>Extended Lost Wages Information: This information needs to be provided when adding a new payment or editing an existing payment. Display field names and values for selected record.</p> <ul style="list-style-type: none"> a. Award Date b. Total Award(s) c. Date From d. Date To e. Employer Name f. Expense Type g. Lost Wages Sub-Total h. Add, Edit Remove button options <p>If Add/Edit is selected another window will prompt with the following:</p> <ul style="list-style-type: none"> a. Employer Name (drop down – DB Table) b. QC Staff (drop down – DB Table) c. QC Date d. Award Type (drop down – DB Table) e. Award Date f. Award Status (drop down – DB Table) g. Award Status Date h. Notes Field – Free form text i. Lost Wages Calculation Information <ul style="list-style-type: none"> i. Name of Employer (drop down – DB Table; allow for multiple employers) ii. Expense Type (drop down – DB Table) j. Collateral Information <ul style="list-style-type: none"> i. Source (drop down – DB Table and allow for 5 entries) ii. Amount (allow for 5 entries to correspond with Source) k. Lost Period Information - Application needs to allow for entering a list of dates and/or range of dates and display for the lost period(s). l. Total Expense Field m. Total Payment Field n. Calculate Button – Calculates collateral information o. Clear Button – Removes all entries. p. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments.



Requirement ID Updated Date Status	Description
Loss of Support Payment Window	<p>Loss of Support Payment Window: If Add/Edit is selected another window will prompt with the following. This information needs to be provided when adding a new record or editing an existing record.</p> <p>General Information:</p> <ol style="list-style-type: none"> 1. Award Type (drop down – DB Table) 2. Award Date 3. Award Status (drop down – DB Table) 4. Award Status Date 5. Notes Field – Free form text 6. Other Payee w/ Add/Edit button (Field to add entries and saved to New DB Table) <ol style="list-style-type: none"> a. Last Name b. First Name c. MI d. Suffix e. SSN (optional) f. Address 1 g. Address 2 h. City/State/Zip (drop down – DB Table) i. Country j. Save, Delete and Cancel options. <p>Loss of Support Information:</p> <ol style="list-style-type: none"> 1. Victim Name 2. Number of Dependents for this Claimant 3. Calculate Button 4. Clear Button <p>Calculation Summary to include....</p> <ol style="list-style-type: none"> a. Amount Available per Dependent b. Number of Dependents c. Total Award



Requirement ID Updated Date Status	Description
Counseling Payment Window	<p>Counseling Payment: (Add/Edit Mode) The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location.</p> <p>Counseling Payment Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ul style="list-style-type: none"> a. Provider's Name (drop down – DB Table always needs to pull from the provider database) b. QC Staff (drop down – DB Table) c. QC Date d. Award Type (drop down – DB Table) e. Award Date f. Award Status (drop down – DB Table) g. Award Status Date h. Notes Field – Free form text <p>Counseling Information:</p> <ul style="list-style-type: none"> a. Lost Period Information - Application needs to allow for entering a list of dates and/or range of dates and display for the lost period(s). <p>Collateral Information:</p> <ul style="list-style-type: none"> a. Source (drop down – DB Table and allow for 5 entries) b. Amount (allow for 5 entries to correspond with Source) <p>Expense Information: (Anne to confirm calculation is accurate today)</p> <ul style="list-style-type: none"> a. Expense Type (drop down – DB Table – Inpatient and outpatient) b. Amount c. Calculate Button - figures calculation provided in the Calculation Summary noted below. d. Clear Button – Clears entry on the screen. e. Patient Account Number f. Claimant Paid g. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments.



Requirement ID Updated Date Status	Description
Medical/Dental Payment Window	<p>Medical/Dental Payment: (Add/Edit Mode) The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location.</p> <p>Medical/Dental Payment Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ul style="list-style-type: none"> a. Provider's Name (drop down – DB Table always needs to pull from the provider database) b. QC Staff (drop down – DB Table) c. QC Date d. Award Type (drop down – DB Table) e. Award Date f. Award Status (drop down – DB Table) g. Award Status Date h. Notes Field – Free form text <p>Medical /Dental Information:</p> <ul style="list-style-type: none"> a. Lost Period Information - Application needs to allow for entering a list of dates and/or range of dates and display for the lost period(s). <p>Collateral Information:</p> <ul style="list-style-type: none"> a. Source (drop down – DB Table and allow for 5 entries) b. Amount (allow for 5 entries to correspond with Source) <p>Expense Information: (Anne to confirm calculation is accurate today)</p> <ul style="list-style-type: none"> a. Expense Type (drop down – DB Table) b. Amount c. Calculate Button - figures calculation provided in the Calculation Summary noted below. d. Clear Button – Clears entry on the screen. e. Patient Account Number f. Claimant Paid g. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments.



Requirement ID Updated Date Status	Description
Continued from Medical/Dental Payment Window	Calculation Summary Information: Column Headers/Fields <ol style="list-style-type: none"> 1. Expenses (\$453.00) <ol style="list-style-type: none"> a. Minus reduction (-\$349.18) (ex. Health Insurance or other reductions/discounts) 2. Net Balance = \$103.82 3. Claimant Paid <ol style="list-style-type: none"> a. Medical Adjustments b. Balance After Adjustment c. Awarded Claimant 4. Owed to Provider <ol style="list-style-type: none"> a. Medical Adjustments b. Balance After Adjustment c. Awarded Provider 5. Total Award 6. Total Claimant Responsibility



Requirement ID Updated Date Status	Description
Funeral/Burial Payment Window	<p>Funeral/Burial Payment: The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location.</p> <p>Funeral/Burial Payment Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ul style="list-style-type: none"> a. Provider's Name (drop down – DB Table always needs to pull from the provider database) b. QC Staff (drop down – DB Table) c. QC Date d. Award Type (drop down – DB Table) e. Award Date f. Award Status (drop down – DB Table) g. Award Status Date h. Notes Field – Free form text <p>Funeral/Burial Information:</p> <ul style="list-style-type: none"> b. Expense c. Date of Service d. Claimant Paid e. Lost Period Information - Application needs to allow for entering a list of dates and/or range of dates and display for the lost period(s). <p>Collateral Information:</p> <ul style="list-style-type: none"> a. Source (drop down – DB Table and allow for 5 entries) b. Amount (allow for 5 entries to correspond with Source) <p>Expense Information:</p> <ul style="list-style-type: none"> a. Type (drop down – DB Table) b. Amount c. Calculate Button - Figures calculation provided in the Calculation Summary noted below. d. Clear Button – Clears entry on the screen. e. Patient Account Number f. Claimant Paid g. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments.



Requirement ID Updated Date Status	Description
Continued from Funeral/Burial Payment Window	Calculation Summary Information: Column Headers/Fields 1. Expenses (\$453.00) b. Minus reduction (-\$349.18) (ex. Health Insurance or other reductions/discounts) 2. Net Balance = \$103.82 3. Claimant Paid a. Funeral/Burial Adjustments b. Balance After Adjustment c. Awarded Claimant 4. Owed to Provider a. Funeral/Burial Adjustments b. Balance After Adjustment c. Awarded Provider 5. Total Award 6. Total Claimant Responsibility



Requirement ID Updated Date Status	Description
Child Dependent Care Payment Window	<p>Child Dependent Payment Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table always needs to pull from the provider database) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Dependent Care Information: Date of Service</p> <ol style="list-style-type: none"> a. Lost Period Information - Application needs to allow for entering a list of dates and/or range of dates and display for the lost period(s). <p>Collateral Information:</p> <ol style="list-style-type: none"> a. Source (drop down – DB Table and allow for 2 entries) b. Amount (allow for 2 entries to correspond with Source) <p>Expense Type (drop down – DB Table)</p> <ol style="list-style-type: none"> a. Radio Buttons <ol style="list-style-type: none"> i. Expense field to enter a dollar amount. ii. Hourly Rate and Number of Hours – entry field and to calculate rate*hours. Claimant Paid – entry field b. Calculate Button - Figures calculation provided in the Calculation Summary noted below. c. Clear Button - Clears entry on the screen. d. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments. <p>Calculation Summary Information: Column Headers/Fields</p> <ol style="list-style-type: none"> 1. Expenses (\$453.00) <ol style="list-style-type: none"> a. Minus reduction (-\$349.18) (ex. Health Insurance or other reductions/discounts) 2. Net Balance = \$103.82 3. Hourly Rate <ol style="list-style-type: none"> a. Claimant Paid b. Other Adjustments c. Balance After Adjustment d. Awarded Claimant 4. Hours Per Week 5. Owed to Provider <ol style="list-style-type: none"> a. Other Adjustments b. Balance After Adjustment c. Awarded Provider 6. Total Award 7. Total Claimant Responsibility



Requirement ID Updated Date Status	Description																																												
Clothing and Bedding Payment Window	<p>Clothing and Bedding Payment Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table always needs to pull from the provider database) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Clothing and Bedding Information: Date(s) Evidence Held</p> <ul style="list-style-type: none"> a. Lost Period Information - Application needs to allow for entering a list of dates and display for the lost period(s). <p>Expense Type (default – Clothing and Bedding)</p> <ul style="list-style-type: none"> a. Itemization of Clothing/Bedding Held (drop down – NEW DB Table with add/editable values for Admin. User only) Amount with default amounts for each itemization. Total Expense field to auto calculate the itemizations. <p><u>Clothing Items</u></p> <table border="0"> <tr><td>Underwear</td><td>\$10.00</td></tr> <tr><td>Bra/Corset</td><td>\$30.00</td></tr> <tr><td>Pajamas-set</td><td>\$25.00</td></tr> <tr><td>Short Sleeved T-Shirt</td><td>\$15.00</td></tr> <tr><td>Long Sleeved T-Shirt</td><td>\$20.00</td></tr> <tr><td>Dress Shirt/Blouse</td><td>\$50.00</td></tr> <tr><td>Sweatshirt</td><td>\$30.00</td></tr> <tr><td>Jacket</td><td>\$30.00</td></tr> <tr><td>Winter Coat</td><td>\$80.00</td></tr> <tr><td>Jeans/Pants/Slacks</td><td>\$50.00</td></tr> <tr><td>Sweatpants</td><td>\$20.00</td></tr> <tr><td>Socks</td><td>\$5.00</td></tr> <tr><td>Shorts/Swim Trunks</td><td>\$30.00</td></tr> <tr><td>Swimsuit</td><td>\$40.00</td></tr> <tr><td>Belt</td><td>\$15.00</td></tr> <tr><td>Purse</td><td>\$25.00</td></tr> <tr><td>Tennis Shoes</td><td>\$60.00</td></tr> <tr><td>Boots</td><td>\$75.00</td></tr> <tr><td>Dress Shoes</td><td>\$75.00</td></tr> <tr><td>Sandals/Flip-flops</td><td>\$15.00</td></tr> <tr><td>Stocking Cap</td><td>\$10.00</td></tr> <tr><td>Gloves</td><td>\$10.00</td></tr> </table>	Underwear	\$10.00	Bra/Corset	\$30.00	Pajamas-set	\$25.00	Short Sleeved T-Shirt	\$15.00	Long Sleeved T-Shirt	\$20.00	Dress Shirt/Blouse	\$50.00	Sweatshirt	\$30.00	Jacket	\$30.00	Winter Coat	\$80.00	Jeans/Pants/Slacks	\$50.00	Sweatpants	\$20.00	Socks	\$5.00	Shorts/Swim Trunks	\$30.00	Swimsuit	\$40.00	Belt	\$15.00	Purse	\$25.00	Tennis Shoes	\$60.00	Boots	\$75.00	Dress Shoes	\$75.00	Sandals/Flip-flops	\$15.00	Stocking Cap	\$10.00	Gloves	\$10.00
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Requirement ID Updated Date Status	Description																				
<p><i>Clothing an Bedding Payment Window continued</i></p>	<p><u>Bedding Related Items</u></p> <table data-bbox="367 499 803 772"> <tr><td>Pillowcase</td><td>\$10.00</td></tr> <tr><td>Flat Sheet</td><td>\$35.00</td></tr> <tr><td>Fitted Sheet</td><td>\$35.00</td></tr> <tr><td>Blanket</td><td>\$30.00</td></tr> <tr><td>Pillow</td><td>\$20.00</td></tr> <tr><td>Mattress Pad</td><td>\$30.00</td></tr> <tr><td>Comforter</td><td>\$75.00</td></tr> <tr><td>Wash Cloth</td><td>\$5.00</td></tr> <tr><td>Hand Towel</td><td>\$5.00</td></tr> <tr><td>Bath Towel</td><td>\$20.00</td></tr> </table> <p>a. Claimant Paid – entry field b. Calculate Button - Figures calculation provided in the Calculation Summary noted below. c. Clear Button - Clears entry on the screen. d. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments.</p> <p>Collateral Information: a. Source (drop down – DB Table and allow for 2 entries) b. Amount (allow for 2 entries to correspond with Source)</p> <p>Calculation Summary Information: Column Headers/Fields 1. Expenses (\$453.00) a. Minus reduction (-\$349.18) (ex. Health Insurance or other reductions/discounts) 2. Net Balance = \$103.82 3. Hourly Rate a. Claimant Paid b. Other Adjustments c. Balance After Adjustment d. Awarded Claimant 4. Hours Per Week 5. Owed to Provider a. Other Adjustments b. Balance After Adjustment 6. Total Award 7. Total Claimant Responsibility</p>	Pillowcase	\$10.00	Flat Sheet	\$35.00	Fitted Sheet	\$35.00	Blanket	\$30.00	Pillow	\$20.00	Mattress Pad	\$30.00	Comforter	\$75.00	Wash Cloth	\$5.00	Hand Towel	\$5.00	Bath Towel	\$20.00
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Requirement ID Updated Date Status	Description
Residential Security Payment Window	<p>Residential Security Payment Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table always needs to pull from the provider database) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Residential Security Information: Date of Service</p> <ol style="list-style-type: none"> a. Lost Period Information - Application needs to allow for entering a list of date or range of dates to display for the lost period(s). <p>Collateral Information:</p> <ol style="list-style-type: none"> a. Source (drop down – DB Table and allow for 2 entries) b. Amount (allow for 2 entries to correspond with Source) <p>Expense Type (drop down – DB Table default Residential Security)</p> <ol style="list-style-type: none"> a. Itemization of Residential Security Item (drop down – NEW DB Table with add/editable values for Admin. User only) Total Expense field to auto calculate the itemizations. <u>Residential Security Replacement/Repair items</u> Locks Door(s) Phone Window(s) Security system Garage door Garage door opener Garage door mechanism Other (specify in notes field) b. Claimant Paid c. Calculate Button - Figures calculation provided in the Calculation Summary noted below. d. Clear Button - Clears entry on the screen. e. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments.



Requirement ID Updated Date Status	Description
<i>Residential Security Payment Window Continued</i>	Calculation Summary Information: Column Headers/Fields <ol style="list-style-type: none"> 1. Expenses (\$453.00) <ol style="list-style-type: none"> a. Minus reduction (-\$349.18) (ex. Health Insurance or other reductions/discounts) 2. Net Balance = \$103.82 3. Hourly Rate <ol style="list-style-type: none"> a. Claimant Paid b. Other Adjustments c. Balance After Adjustment d. Awarded Claimant 4. Hours Per Week 5. Owed to Provider <ol style="list-style-type: none"> a. Other Adjustments b. Balance After Adjustment c. Awarded Provider 6. Total Award 7. Total Claimant Responsibility



Requirement ID Updated Date Status	Description
Transportation Payment Window	<p>Transportation Payment Window:</p> <p>This information needs to be provided when adding a new record or editing an existing record.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Residential Security Information: Date of Service</p> <ol style="list-style-type: none"> a. Lost Period Information - Application needs to allow for entering a list of date or range of dates to display for the lost period(s). <p>Expense Type (drop down – DB Table with add/editable values for Admin. User only)</p> <ol style="list-style-type: none"> a. If expense type = Mileage Type then we need to have Expense Dollar field, State Rate, and Total Miles Traveled. The application needs to auto-fill the default State Rate for IA = .39/mile. <p><u>Transportation</u></p> <ol style="list-style-type: none"> 1. Commercial air <ol style="list-style-type: none"> a. baggage fees 2. Commercial ground transportation <ol style="list-style-type: none"> a. tip b. baggage fees 3. Mileage <ol style="list-style-type: none"> a. parking 4. Rental car 5. Lodging 6. Other (specify in notes field) <ol style="list-style-type: none"> b. Anything other than Mileage expense type will need to have a dollar amount field to enter dollar amount. c. If expense type = Commercial Travel then we'll need an additional expense box will need to appear for incidental expenses. Example: Tip, Baggage etc. etc. Flat amount needed. d. New Field – Reason for Travel (drop down – DB Table with values Funeral, Medical/Dental, Criminal Justice and Mental Health) e. Claimant Paid – entry field f. Calculate Button - Figures calculation provided in the Calculation Summary noted below. g. Clear Button - Clears entry on the screen. h. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments.



Requirement ID Updated Date Status	Description
<i>Transportation Payment Window Continued</i>	Calculation Summary Information: Column Headers/Fields <ol style="list-style-type: none"> 1. Expenses (\$453.00) <ol style="list-style-type: none"> a. Minus reduction (-\$349.18) (ex. Health Insurance or other reductions/discounts) 2. Net Balance = \$103.82 3. Hourly Rate <ol style="list-style-type: none"> a. Claimant Paid b. Other Adjustments c. Balance After Adjustment d. Awarded Claimant 4. Hours Per Week 5. Owed to Provider <ol style="list-style-type: none"> a. Other Adjustments b. Balance After Adjustment c. Awarded Provider a. Total Award b. Total Claimant Responsibility



Requirement ID Updated Date Status	Description
Residential Crime Scene Clean-up Payment Window	<p>Residential Crime Scene Cleanup Payment Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table always needs to pull from the provider database) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Residential Crime Scene Cleanup Information: Date of Service</p> <ol style="list-style-type: none"> a. Lost Period Information - Application needs to allow for entering a list of dates and/or range of dates and display for the lost period(s). <p>Collateral Information:</p> <ol style="list-style-type: none"> a. Source (drop down – DB Table and allow for 2 entries) b. Amount (allow for 2 entries to correspond with Source) <p>Expense Type (drop down – DB Table)</p> <ol style="list-style-type: none"> a. Expense field to enter a dollar amount. b. Claimant Paid c. Calculate Button - Figures calculation provided in the Calculation Summary noted below. d. Clear Button - Clears entry on the screen. e. Benefit Cap – If the benefit cap is reached for victim then the new application needs to prompt the user that the benefit cap has been reached and not allow additional payments.



Requirement ID Updated Date Status	Description
Crime Information	<p>Crime Information Window - All of the following fields need to be displayed in the window throughout the process regardless of what's being entered/edited.</p> <ol style="list-style-type: none"> 1. Crime Information Fields: <ol style="list-style-type: none"> a. Crime Date b. Report Date c. Discovery Date d. Age e. Incident Report Number (Law Enforcement Report) f. Crime Type (drop down – DB Table) – If Domestic Violence is selected then auto fill Domestic Violence field below to = 'Yes' Investigated By section <ol style="list-style-type: none"> a. Last Name b. First Name c. Title Domestic Violence section <ol style="list-style-type: none"> a. Domestic Violence (drop down – will auto fill to = 'Yes', if Crime Type = Domestic Violence) b. Alcohol Related checkbox c. Drug Related checkbox d. Federal Crime e. Each of the above DV types need to have a help content ? to click on for additional information to define the crime type. Location of Crime section <ol style="list-style-type: none"> a. Street Address b. City/State/Zip - drop down value options need to auto populate based on state selected. c. County d. Country Law Enforcement Agency section <ol style="list-style-type: none"> a. Law enforcement agency (drop down – DB Table) b. Street Address e. City/State/Zip - drop down value options need to auto populate based on state selected. c. Country d. Work Phone 1 e. Work Phone 2 f. Fax g. Email h. VAC i. VAC Phone j. Add Button - TBD k. More Detail Button – TBD l. Offender checkboxes – None and Unknown 2. Offender/Prosecution/Court Clerk display at the bottom of the window: <ol style="list-style-type: none"> a. Offender Name b. Relationship to Victim c. SSN d. Prosecution Agency e. Offender Crime f. Restitution Ordered g. Add Button – Adds a new offender record (Offender Information Window)



**CVC - AG Crime Victims Compensation
Assistance Division (CVAD)
Requirements Specification**

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Requirement ID Updated Date Status	Description
Offender Information	<p>Claimant Information Window – The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location.</p> <p>Offender Information Fields:</p> <ol style="list-style-type: none">1. First Name2. Last Name3. MI4. Suffix5. SSN6. Gender (drop down - DB Table with Federal values)7. Relationship (drop down - DB Table with Federal values)8. Street Address 19. Street Address 210. City/State/Zip (Zip code - drop down value options need to auto populate based on state selected.11. County where crime occurred (drop down – DB Table) - TBD12. Save Button13. Cancel Button14. Systems needs to ask if the offender is a prior offender or victim and perform a search against the offender DB/table based on the SSN, as a first data criteria, then last name/first name.



Requirement ID Updated Date Status	Description
Letter Information	<p>Letter Information Window - Admin. Role needs privilege to update all letter templates, with an option to allow users to mail merge in MS Word and send the letters directly via e-mail to the recipient.</p> <p>Letter Information Main display of letters sent:</p> <ol style="list-style-type: none"> 1. Sent Date (indicator to display 1, 2 or 3 request) 2. Received Date 3. Letter Name 4. Provider/Agency/Employer 5. Email 6. Notes 7. Button options to Add, Date and Remove <p>The following static fields need to be present in the top of the window for reference (disabled). Claim #, Victims's Name, Assigned To, Status, and Location.</p> <ol style="list-style-type: none"> 1. Letters Catagories (drop down – DB Table) Once category is selected the display needs to provide a listing of associated letters to the category selected. 2. Letter Name – Checkbox listing of all the associated letters related to the Letter Category selected above. 3. Description - Description of all the associated letters realated to the Letter Category and Letter Name selected above. 4. Case/Claim Number 5. Provider Type- (drop down – Provider. The Provider Type will drill down in the DB Table to populate the associated Providers to select below.) 6. Provider - (drop down – Provider DB to select multiple providers for sending the same letter. Provider DB needs to also include the Provider's email with option to override and enter a new email address, if needed.) 7. Queue Button – Queue's the letter selected to be batched. 8. Email Button – Functionality to send letter(s) to recipient selected. 9. Preview Button – allows the user to present the letter for preview. 10. Print Button – Print option of letter selected above. 11. Cancel Button – Cancel's selection of Letter Category and Letter Name.

TRACK PRIMARY VS. SECONDARY VICTIM CLAIMS

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
TPS.01.04/16/2012 10/18/2012 Proposed	<p>Currently no way to predict number of secondary claims tied to each primary claim, can be 2 - 15+. Today staff must go into primary claim to get into secondary claim level.</p> <p>1. Requirement to make payments more streamlined and more efficient. Possibly have a secondary claims in the same view as primary when it applies for better efficiency.</p> <p>a. Intake View: Today if the user has a claim with both a primary and secondary. The user clicks on the secondary tab the current system takes the user to the primary view and then havet to choose secondary again to get the secondary information. Payments - number of screens is too much. Need to try and get more seamless process. The Primary and Secondary information on a claim will need to have separate intake tabs/view, but be linked from Secondary to the Primary. The new application shouldn't require the user to drill through the Primary Information to get to the Secondary Information.</p>

QUALITY CONTROL ON-LINE CHECKLIST

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
QC.01.04/16/2012 10/31/2012 Proposed	<p>Quality Control Eligibility Checklist (Primary/Secondary) - Claim and Payment can't be approved until the checklist is completed for the following field values. Application needs to alert the user if any of the following checklist questions are not answered.</p> <ol style="list-style-type: none"> a. When a QC'd claim has been changed to 'Returned'(Problem) Status the application needs to send an email to the assigned Comp. Specialist. Application also needs to send the claim to the assigned Comp. Specialists work que to be addressed with QC notes attached. b. Email needs to include claim# and victims name. <p>QC Eligibility (Primary/Secondary) Checklist:</p> <ol style="list-style-type: none"> 1. Date of QC 2. QC Name (first and last name) 3. QC Status (Reviewed, problem) <ol style="list-style-type: none"> a. If marked problem, then the application needs to alert the Comp Specialist and add the claim to their work queue. 4. Timely processed (Y/N) 5. Memo Needed (Y/N) <ol style="list-style-type: none"> a. Memo reviewed, correct code rules and policy cited. (Y/N) b. Grammar and punctuation reviewed. (Y/N) 6. Intake information correct. (Y/N) 7. Offender information completed. (Y/N) 8. SAE (Y/N) <ol style="list-style-type: none"> a. If yes, pay summary printed, file marked and addressed in victim letter. (Y/N) 9. Signed Subrogation Agreement (Y/N) 10. Signed Release (Y/N) 11. Signed Mental Health Release (Y/N or n/a) 12. Insurance (Y/N) 13. Civil Attorney (Y/N) <ol style="list-style-type: none"> a. Reflected in system and cc: to Civil Attorney (Y/N) 14. Injuries Listed (Y/N) 15. All benefits requested are addressed in victim letter (Y/N) 16. Appropriate Provider Letters sent (Y/N) <ol style="list-style-type: none"> a. Grammar/Spelling check (Y/N) 17. Appropriate Victim Letter sent (Y/N) <ol style="list-style-type: none"> a. Grammer/Spelling Check (Y/N) b. Appropriate enclosures sent to victim (Y/N) 18. Reason for Eligible No Pay (Y/N, if yes) <ol style="list-style-type: none"> a. Nothing to pay at this time (application needs to require at least one selection, but allow for multiple) b. Pending Insurance or other collateral sources. c. Pending additional information from provider(s)/employer(s) d. Pending additional information from victim. e. Other 19. OTHER – Text Box to allow QC person to enter any additional corrections that need to be addressed. Allow for text amount = 1 Page equivalent to MS Word.



Requirement ID Updated Date Status	Description
QC Payment Denial Checklist (Supplemental)	<p>Payment Denial (Supplemental) Quality Control Checklist - Claim and Payment can't be approved until the checklist is completed for the following field values. Application needs to alert the user if any of the following checklist questions are not answered.</p> <p>QC Payment (Supplemental) Denial Checklist:</p> <ol style="list-style-type: none">1. Date, name, status2. Denial Payment type correct (y/n)3. Denied Dates of service correct (y/n)4. Denied Amount correct (y/n)5. Correct payee selected (y/n)6. Memo to support supplemental` denial included and reviewed by Comp Admin (y/n)7. Denial approved by Comp Admin (y/n)



Requirement ID Updated Date Status	Description
QC Payment Checklist	<p>Payment Quality Control Checklist - Claim and Payment can't be approved until the checklist is completed for the following field values. Application needs to alert the user if any of the following checklist questions are not answered.</p> <ul style="list-style-type: none"> a. When a QC'd claim has been changed to 'Returned' (Problem) Status the application needs to send an email to the assigned Comp. Specialist. Application also needs to send the claim to the assigned Comp. Specialists work que to be addressed with QC notes attached. b. Email needs to include claim# and victims name. <p>QC Payment Checklist:</p> <ul style="list-style-type: none"> 1. Date, name, status (approved or problem) 2. Subrogation signed (y/n) 3. Payment type correct (y/n) 4. Date paid correct (y/n) 5. Amount correct (y/n) 6. Correct payee selected (y/n) 7. Sufficient documentation to make payment (y/n) 8. Expense is crime-related (y/n) 9. Expense is allowable (y/n) 10. For mental health: (If claim type <> mental health then disable) <ul style="list-style-type: none"> a. Counselor database checked b. Verification/Progress within 6 months c. Victim/provider notified if nearing max benefit 11. For mileage: (If claim type <> mileage then disable) <ul style="list-style-type: none"> a. Documented b. Calculation and documentation match 12. Calculation correct, entered appropriately and shown in file if needed (y/n) <p>Dropdown option for each "no"—if check no for yes/no, automatic return to Comp Spec, also have "other" drop down</p>



Requirement ID Updated Date Status	Description
QC Denial Checklist	<p>Payment Quality Control Checklist - Claim and Payment can't be approved until the checklist is completed for the following field values. Application needs to alert the user if any of the following checklist questions are not answered.</p> <ol style="list-style-type: none"> a. Only Comp. Admin can perform the QC Denial Checklist. b. When a QC'd claim has been changed to 'Returned' (Problem) Status the application needs to send an email to the assigned Comp. Specialist. Application also needs to send the claim to the assigned Comp. Specialists work que to be addressed with QC notes attached. c. Email needs to include claim# and victims name. d. Email to be provided to Comp. Specialist when denial has been processed by Comp. Admin. e. If QC process is completed without a 'Returned' status, then the QC person needs to set to a 'QC Approved' status with the QC Date. <p>QC Denial Checklist:</p> <ol style="list-style-type: none"> 1. Date, name, status (approved or problem) 2. Timely processed (y/n) 3. Memo reviewed, correct Code/Admin Rules/Policy Cited (y/n) <ol style="list-style-type: none"> a. Grammar, punctuation b. Approval of denial (initial memo) 4. Intake info correct (y/n) 5. Crime Information tab correct (y/n) 6. Offender info completed (y/n) 7. CVA? (y/n) 8. Reflected in system and cc to CVA? (y/n) 9. Injuries listed (y/n) 10. Appropriate provider letters sent (y/n) <ol style="list-style-type: none"> a. Grammar/punctuation check 11. Date of denial letter/appeal deadline (place to check when denial letter sent and appeal deadline)



Requirement ID Updated Date Status	Description
	<p>If something is found during the QC process on a Payment or Eligibility the system will need to include a dropdown with the following values and be returned to the assigned Comp Specialist. When claim is not approved during the QC process the claim will need to be provided back into the Comp. Specialist Que as not approved to correct.</p> <p>Values in drop down: (This is an additional value that will need to be set via drop down when the status is marked 'Returned' from the QC process.)</p> <ol style="list-style-type: none"> 1. Eligibility/Memo problem 2. Grammar/Punctuation on Letters 3. Incomplete 4. Payment Calculation Error 5. Wrong Provider 6. Insufficient Documentation 7. Expense Not Crime Related 8. Other

CLAIMS LETTERS

Requirement ID Updated Date Status	Description



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Requirement ID Updated Date Status	Description
CLTRS.01.05/16/2012 5/21/2012 Proposed	Letters database (letters to be transferred with new system) ADV.1adv advocate letter ADV2.adv.hom advocate letter on homicides ADV4.advapp advocate letter ADV7.advmax advocate letters to projects to obtain new apps and brochures for our referrals (needs a new name & current name does not apply) ADV9.advmedia advocate letter ADV15.advstat1 advocate letter (needs editing) ADV18.advtele advocate letter ADV23.noclaim advocate letter (needs editing) ADV24.postaladm.adv advocate letter ADV25.spanish Spanish advocate letter M7.LE Waiver Law Enforcement Waiver used in Appeals M8.LEWaiver Law Enforcement Waiver used in Appeals including offender M2.appeal_pak Letter for appeal packets M1.appeal_sum Instructions/forms for preparing appeal VL25.Approv.spa Spanish victim letter; notification of claim approved with payments VL5.approval_noc Victim letter-notification of claim approved with payments SCC4.approval_sec secondary victim letter-notification of claim approval with payments A1.assist.med letter to medical provider follow-up on additional items needed to determine payment A2.assist_men letter to MH provider follow-up on additional items needed to determine payment VR3.attend_aut letter and form to verify attendance at criminal justice proceedings (for lost wage benefit) VR4.babysit_aut verification form for victim who has child-care expenses VR16.billcopy_aut letter to provider requesting itemized statement VR5.chiro_aut letter to chiropractic provider requesting verification for payment R75.clerkseizure letter to notify clerk when we get payment directly from the offender R74.clerksubro letter to notify clerk when subrogation settlement has been received and no longer seeking restitution VL1.condol_noc letter to notify claimant on homicide claim of approval with payments SCC1.condol_sec letter to notify homicide survivors of approval of homicide survivor claim with payments VL28.condolnoc_spa Spanish letter to notify claimant on homicide claim of approval with payments SCC2.condsec_sup letter to notify homicide survivor of supplemental payments made on homicide survivor claim VL29.condolsup.spa Spanish letter to notify claimant on homicide claim of supplemental payments made VL15.coop_le letter to victim advising to contact LE to provide additional info as per cooperation requirement P17.couns letter informing counseling provider of payment leaving a balance that is victims responsibility F2.cpi_aut letter to DHS with their request for child abuse information form RR2.DCI_FRM law enforcement verification request to DCI DEN_DUP victim-CA notification of denial of duplicate claim VR24.Dental_aut letter to dental provider with verification form and request for information D49.denial.spa Spanish denial shell letter to victim VR23.Dependent Care Form Dependent Care Verification Form VR7.dis_aut form disability statement request to be sent directly to doctor VR6.dis_vic disability statement request to be sent to victim to take to doctor SCC11.dishom disability statement for homicide survivors D3.DN2YR&72 victim-CA notification of denial based on 2 yr filing limit and 72 hour reporting requirement



Requirement ID Updated Date Status	Description
CLTRS.02.05/21/2012	Letters database (letters to be transferred with new system)
5/21/2012 Proposed	<p>D4.DN2YR_SAE victim notification of denial based on 2 yr filing limit with stip re: SAE payment</p> <p>D5.DN2YRS victim-CA notification of denial based on 2 yr filing limit</p> <p>D6.DN2YRS_COP victim-CA notification of denial based on 2 yr filing limit and lack of cooperation</p> <p>D8.DN72&2YR victim-CA notification of denial with different CA letter</p> <p>D9.DN72&COP victim-CA notification of denial based on 72 hour reporting requirement and cooperation</p> <p>D10.DN72&PR victim-CA notification of denial based on 72 hour reporting requirement and consent, provocation, incitement</p> <p>D7.DN72 victim-CA notification of denial based on 72 hour reporting requirement</p> <p>DN72_SAE victim-CA notification of denial based on 72 hour reporting requirement with Stip that SAE pd through SAE program</p> <p>D14.DNAC2YRS victim-CA notification of denial based on non-compensable crime and 2 year filing limit</p> <p>D15.DNACC victim-CA notification of denial based on non-compensable crime</p> <p>D16.DNACC_72 victim-CA notification of denial based on non-compensable crime and 72 hour reporting requirement</p> <p>D17.DNACC_SEC secondary victim denial notification for non-compensable crime</p> <p>D18.DNAPP victim-CA denial notification for not an eligible applicant</p> <p>D19.DNAPP_HOM victim-CA denial notification for not an eligible applicant on a homicide</p> <p>D20.DNAUTO victim-CA denial notification for non-compensable auto incident</p> <p>D50.DNAV victim-CA denial notification for not an eligible victim</p> <p>D22.DNAV_72 victim-CA denial notification for not an eligible victim and 72 hour reporting requirement</p> <p>D24.DNAV_CCA victim-CA denial notification for not an eligible victim and committing a criminal act</p> <p>D25.DNAV_COP victim-CA denial notification for not an eligible victim and lack of cooperation</p> <p>D27.DVAV_SEC secondary victim denial notification not an eligible secondary victim</p> <p>D28.DNCCA victim-CA denial notification committing a criminal act</p> <p>D29.DNCCA_COP victim-CA denial notification committing a criminal act and lack of cooperation</p> <p>D30.DNCCA_SEC secondary victim denial notification secondary victim committing a criminal act</p> <p>D31.DNCCOP victim-CA notification of denial lack of cooperation</p> <p>D33.DNCPRI victim-CA notification of denial consent, provocation, incitement</p> <p>D34.DNPR&CA victim-CA notification of denial consent, provocation, incitement and committing a criminal act</p> <p>D35.DNPR&COP victim-CA notification of denial consent, provocation, incitement and lack of cooperation</p> <p>D36.DNPRCA&V victim-CA notification of denial not an eligible victim of a compensable crime; consent, provocation, incitement and committing a criminal act</p> <p>D38.DNPRCA&V_COP victim-CA notification of denial not an eligible victim, consent, provocation incitement, criminal act, cooperation</p> <p>D39.DNPRCACO victim-CA notification of denial consent, provocation incitement, committing a criminal act, lack of cooperation</p> <p>DN40.DNPRIM_SEC secondary victim notification of denial due to primary victim being denied</p> <p>D41.DNPROV victim-CA notification of denial consent, provocation, incitement</p> <p>D42.DNSTATE victim-CA notification of denial crime not occurring in this state</p> <p>D43.DNSTATE_IL victim-CA notification of denial crime occurring in IL</p> <p>D44.DNSTATE_MO victim-CA notification of denial crime occurring in MO></p> <p>D45.DNSTATE_NE victim-CA notification of denial crime occurring in NE</p> <p>P18.Percentage Letter to medical provider requesting designation of crime-related %</p>



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CLTRS.03.05/21/2012 5/21/2012 Proposed	Letters database (letters to be transferred with new system) VL6.ellgnp_victim-CA notification that claim has been approved, eligible for compensation, but no payments to be made at this time VL3.ellgnp.con_victim-CA notification on homicide that claim has been approved, eligible for compensation, but no payments to be made at this time VL7.ellgnp_ins_victim-CA notification that claim has been approved, eligible for compensation, but payments pending insurance determination VL26.ellgnp_rel.spa Spanish victim-CA notification claim approved, eligible for compensation, but no payments pending signed release, subrogation agreement from victim VL8.ellgnp_rel_victim-CA notification claim approved, eligible for compensation, no payments pending signed release and subro from victim VL12.ellgnp_sae_victim-CA notification claim approved, eligible for compensation, no payments at this time but SAE paid through SAE program SCC6.ellgnp-sec_secondary victim notification claim approved, eligible for compensation, no payments at this time VL9.ellgnp_T19_victim-notification claim approved, eligible for compensation, no payments at this time as expenses covered by Medicaid SCC3.ellgnpho_sec_homicide survivor eligible-no-pay letter VR8.employer_aut_request for information with wage verification form to victim's employer for lost wages VR9.employr3_letter to employer when employment was offered to victim but victim could not start due to crime M6.faxcover fax cover sheet RR3.FBI_PRO_verification requests to FBI RR4.FBI_REL RR5.FBI_VER VR20.Funeral_aut.spa Spanish request for funeral expenses VR1.funeral_aut_funeral and burial expense request to funeral provider SCC12.grief_mental health verification request to provider for homicide survivors SCC13.hemploy_wage verification request for homicide survivor SCC14.hmedical_verification request to provider for homicide survivor medical expenses SCC24.hoclaim_new claim letter for homicide survivors P16.inform_T19_letter informing provider that victim has T19 coverage VL23.insinfo_letter to victim advising them to contact ins co to provide additional info RR6.LAW3_letter to law enforcement when have not received requested report RR7.LAW4_letter to law enforcement from legal counsel when have not received requested report RR8.lawenf_aut law enforcement verification request RR9.lawenf2_aut P12.med_rec_letter to medical provider advising we will not pay for cost of med rec copies VR17.medical_aut_request for information and verification form for medical provider P13.medical_max_letter to provider that claim has reached maximum med benefit IC6.newclaim_homicide.spa Spanish new claim letter for homicide IC7.Newclaim.spa Spanish new claim letter non-homicide IC3.newclm1_ltr_new claim, non-homicide, no release attached IC4.newclm2_ltr_new claim, non-homicide, release attached IC1.newclm3_ltr_new claim, homicide, no release attached IC2newclm4.ltr_new claim, homicide, release attached VR18.postal_request for updated mailing address for victim VR21.PostalDM_request specific to DM Postal Service



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CLTRS.04.05/21/2012 5/21/2012 Proposed	Letters database (letters to be transferred with new system) VR15.progres_chi progress report request to chiropractor VR14.progress_aut progress report request to mental health provider VR11.projects_aut victim service counseling verification request RT4.prov-ins letter to provider advising we need insurance payment info to determine payment PI12.Prov_ltr PI13.prov_rec letter to provider that payment for DOS is pending med recs PT5.prov_rel letter to provider, payment pending release from victim PT6.prov_si letter to provider, payment pending verification form, attachment, ins PT7.prov_stp letter to provider, payment pending verification form and attachments SCC23.provsec secondary victim letter to MH provider, payment pending verification form and attachments R68.R29POLKJUVENILE restitution letter R70.R33JUVENILELETTER restitution letter R69.RESTA restitution letter R71.R42POLKC restitution letter R72.R43RESTENOTICE restitution letter R59.R45CVAINITIAL restitution letter R58.R47CVAPAY restitution letter R60.R48HEARINGPREPARATION restitution letter R61.R49DEFENDANTLETTER restitution letter R62.R50OPENCASE restitution letter R63.R51POLKSUPP restitution letter R64.R52victimreceivedrest restitution letter R66.R53victimowestrest restitution letter R67.R54offsetmemokarenredmond restitution letter PI15.refund victim eligible for retroactive Medicaid F3.release_frm release-subrogation agreement form PI16.repay19 refund request on payment made when Medicaid was responsible R73.R55restovictimrepair restitution letter R76.Rjuvenileinitial restitution letter VR19.sabill_aut request to provider for SAE bill F6.sae_war_req SAE warrant request SCC17.sattend letter-form for attendance at criminal justice proceedings SCC25.seclaim new claim letter to secondary victims SCC15.sectr non-homicide mental health provider verification request secondary victim SCC8.secvic blank shell letter to secondary victim SCC16.semloye non-homicide secondary lost wages employment verification request VL31.sendapp.spa Spanish cover letter for sending application to victim SCC18.sprogress progress request to MH provider for secondary victim



Requirement ID Updated Date Status	Description
CLTRS.05.05/21/2012 5/21/2012 Proposed	Letters database (letters to be transferred with new system) SCC19.sproject victim service counseling verification for secondary victim VL17.supp_den denial to victim of supplemental payment F5supp_mem shell for supplemental payment memo VS24.Supp.spa Spanish letter notifying victim of supplemental payments VL14.supp_noc letter notifying victim of supplemental payments SCC8.supp-sec letter notifying secondary victim of supplemental payments SCC10.suppden_sec letter notifying secondary victim of denial of supplemental payment VR22.TransportationVerificationForm letter and verification form for transportation expenses VR12.treat_aut request for information with verification form to mental health provider, non-homicide VL14.vic_emp_itr employment verification request and form to victim to bring to employer VL18.vic_le_itr letter to victim to provide when no LE report found requesting identifying info for report ADV27.victim.not letter to victim to compete and return release form VL19.victim_itr blank shell letter to victim VL21.withdraw_itr letter to victim requesting signature for withdrawl request VR13.workcomp request for info on work comp benefits paid to victim
CLTRS.06.05/22/2012 5/22/2012 Proposed	Capability to add letters from MS Word templates to new web application



Requirement ID Updated Date Status	Description
CLTRS.06.06/25/2012 6/25/2012 Proposed	<p>Need to have ability to generate a letter to multiple providers at the same time. For example: When a Comp Specialist is generating a letter to request a bill, they generate the same letter multiple times for multiple providers under one claim. We would like to be able to assign multiple providers so that it generates the letter for each provider without having to select the letter individually for each provider.</p> <p>System needs to track when the request for information or letter was sent and also when specific information has been received.</p> <p>With all letters created CVC need to be provided a prompt to set a date sent. Also need to require the user to set a date received, if the letter sent requires information.</p> <p>If letters are sent to Service Providers the system needs to allow the user to select the Service Provider Type from a drop down or other means with a mail merge functionality as noted below.</p> <p>Service Provider Types:</p> <ol style="list-style-type: none"> 1. Dental Provider 2. Funeral Provider 3. Inactive Provider 4. Medical Provider 5. Mental Health Provider 6. Other Provider 7. Pharmacy Provider
MAIL MERGE.11/07/2012 Proposed	<p>Application needs to have a mail merge functionality to add information into letters.</p>

CLAIM QUEUING

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
CQ.01.04/16/2012 10/10/2012 Proposed	<p>Have a queing view for each user (per compensation specialist, per compensation advocate, one general Support Staff que) to see their bucket work for a given day. (New or Pending)</p> <p>Status's: New (Support Staff and admin. only) Pending (Comp Specialist and admin.) Supplemental Pending (Comp Specialist and admin.)</p> <p>Que needs to provide a view or list of New, Pending and Supplemental Payment claims that are sorted by ascending and color coded based on date received. Color Coding: Overdue (40 business days) = red Due within 1 Weeks (5 business days) = yellow Due within 1 - 2 Weeks (5 - 10 business days) = blue Due More than 2 weeks (> 10 business days)</p> <p>One view to provide a New queing. Column Listing for view: 1. Time and Date Received 2. Victim Name 3. Crime Type 4. Total count for new claims.</p> <p>Second view to provide Pending queing. Column Listing for view: 1. Date Received (Application) 2. Claim Number 3. Claim Status 4. Victim Name 5. Crime Type 6. Total count for pending claims.</p> <p>Third view needs to provide a list of Approved or Denied Claims that have new Supplemental Information. New supplemental information = Any mailed information or uploaded attachment that comes in after the date of the eligibility determination is made. System needs to provide a trigger for the user to mark a claim as having new supplemental information. Column Listing for view: 1. Date Received (when supps pending box was checked) 2. Claim Number 3. Claim Status 4. Victim Name 5. Crime Type 6. Total count for supplemental pending.</p> <p>Fourth view to provide Quality Control queing for each Comp. Specialist. When Claims Status is changed from pending to either aproved, ENP, or Denied is what needs to provided in this que list. The list doesn't include claims that have been quality controlled with a quality controlled date. Color Coding: Overdue (> 5 business days) = red Due Today = yellow 1. Date Submitted 2. QC Type = Eligibility (No Pay), Approved or Supplemental. 3. Total count for claims on each QC Type.</p>



Requirement ID Updated Date Status	Description
CQ.01.04/16/2012 <i>Continued</i>	Comp Advocate: 1. This needs to allow the CA to have a listing of applications/letters sent out by the CA that have not applied yet. The CA usually follows up on this monthly.
10/10/2012 Proposed	System need to provide a que of a dashboard with a hyperlink to run a report to provide a listing of application/letters that need to have follow up.

CLAIM ALERTS (PENDING CLAIMS)

Requirement ID Updated Date Status	Description
OR.01.04/16/2012 6/14/2012 Proposed	Weekly Overdue Information Alerts: (Admin right to change frequency of when alerts are happening at the system level.) What additional information is needed for the claim from victim/provider. System will need to allow the admin user to set alerts for a letter type and set the frequency of the alert. Alerts will only be generated when the date received is empty or the user selects to turn on or off the alerts for a specific letter. Example: utilize a checkbox for the on/off trigger.

CASE/FILE NUMBER TO CS

Requirement ID Updated Date Status	Description
CF.01.04/13/2012 5/3/2012 Proposed	New Web Application must be able to assign the case/file number to a compensation specialist.

CLAIM CASE WEIGHT ASSIGNMENT

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
CCCS.01.10/12/2012 10/30/2012 Proposed	Claim Count by Investigator There needs to be a view to see each investigator (Comp Specialist) Primary Case Count, Secondary Case Count and Total Claim Amount by Fiscal Year. <ol style="list-style-type: none"> 1. Fiscal Year (drop down by year) 2. Search button 3. Search result by fiscal year will provide the following data columns: <ul style="list-style-type: none"> First Name Last Name Primary Case Count Secondary Case Count Total Claim Amount
CCWA.01.05/22/12 5/22/2012 Proposed	New Web Application needs to have the following logic: Current Logic for Case Weight Assignment Homicide has no weight when it calculating the total case count for an investigator. The homicide and non-homicide cases are included together in calculating investigator weighted average. Primary Case Count = count of a claimant type of Primary for the investigator Secondary Case Count = count of a claimant type of Secondary for the investigator * .25 Total Claims = Primary Case Count + Secondary Case Count Factor = what the investigator is assigned. Weight = calculated below The calculation to determine the investigator to get the next claim goes like this: <ol style="list-style-type: none"> 1. A count of the number of investigators in each group (100%, 80%, 75%, 50%, 25%) is calculated. 2. A count of the number of claims for the FY (full year) is calculated. 3. The average number of investigators is calculated based on the percentages. Example if you have 12 investigators, 10 @100% and 2 @ 80%. The formula used is: $x = \text{sum} (\#100 + \text{num}80\%*.8) = 10 + 2*.8 = 11.6$. <ol style="list-style-type: none"> a. The average case load is calculated using the formula : $\text{AvgCaseLoad} = \text{TotalCaseCount} / x$ (from above). b. Get the weighted average for an investigator using the formula : $\text{Weighted} = \text{casecount for investigator} - (\text{AvgCaseLoad} * \text{factor})$ c. The investigator with the lowest number gets the next case.

OVERRIDE % OF APPLICATIONS ASSIGNED TO COMPENSATION SPECIALIST

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
OVR.01.04/16/2012 5/24/2012 Proposed	System now assigns equal number of claims per compensation specialist. Requirement is to override and allow admin flexibility to a percentage for each compensation specialist. Change at a specific date and time (Parameters). Currently they have to change at the fiscal year. Claim (Case)Assignment Level by %: 1. 100% (Full) Assignment 2. 80% Assignments 3. 75% Assignments 4. 50% (Half) Assignment 5. 25% Assignment

ELIGIBILITY/DETERMINATION

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
CS.01.04/13/2012 5/24/2012 Proposed	<p>Main Eligibility Determination Window: This information needs to be provided when adding a new record or editing an existing record.</p> <p>Comp. Admin will need to have privileges to update any of the Eligibility checklists as needed. This includes Eligibility Determination, Primary, Secondary and Homicide Survivor.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table always needs to pull from the provider database) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Decision Tab Section:</p> <ol style="list-style-type: none"> 1. Eligibility Decision - (drop down DB Table) <ol style="list-style-type: none"> a. Business Rule/Requirement to define when system can make payments – If Eligibility Decision = Eligibility (No Pay) or Approved and the Claim Status is <> Approved then DO NOT allow payments to be made. Once the Claim Status = Approved and the Eligibility Decision = Eligibility (No Pay) or Approved then payments can be allowed. 2. Date – (MM/DD/YYYY) 3. Reasons – Needs to allow for 3 separate entries for reasons and Admin. needs to have privileges to add/edit values. (drop down – DB Table) 4. Notes – Free Form Text Field <p>Appeals Section :</p> <p>If the Eligibility Status is Denied, then it can be appealed at the Director level first, then the Board level and lastly the District Court level. Each level has the option to override the denied to approved.</p> <ol style="list-style-type: none"> 1. Appeal to Director Tab <ol style="list-style-type: none"> a. Request Date (MM/DD/YYYY) b. Decision (drop down – DB Table) c. Decision Date (MM/DD/YYYY) d. Notes – Free Form Text 2. Appeal to Board Tab <ol style="list-style-type: none"> a. Request Date (MM/DD/YYYY) b. Decision (drop down – DB Table) c. Decision Date (MM/DD/YYYY) d. Notes – Free Form Text 3. Appeal to District Court Tab: <ol style="list-style-type: none"> a. Request Date (MM/DD/YYYY) b. Decision (drop down – DB Table) c. Decision Date (MM/DD/YYYY) d. Notes – Free Form Text



Requirement ID Updated Date Status	Description
Primary Eligibility Checklist	<p>The application need to provide this in a radio button format as Y/N result.</p> <ol style="list-style-type: none"> 1. Application filed within 2 years? y/n 2. Crime reported within 72 hours? y/n <ol style="list-style-type: none"> a. If no, good cause for extension or waiver? y/n 3. Is crime compensable? y/n 4. Meets definition of eligible victim? y/n 5. Consent, provocation or incitement? y/n <ol style="list-style-type: none"> a. Proximate cause? y/n 6. Committing assisting or attempting a criminal act? y/n <ol style="list-style-type: none"> a. Proximate cause? y/n 7. Cooperation with law enforcement? y/n <ol style="list-style-type: none"> a. Good cause exception? y/n 8. Medical Insurance? y/n 9. Auto Insurance? y/n 10. Life Insurance? y/n 11. Worker's Compensation? y/n 12. Medicaid or Medicare? y/n 13. Iowa Cares? y/n 14. Hospital financial assistance? y/n 15. Is the victim seeking lost wages more than 2 weeks after the crime? y/n <ol style="list-style-type: none"> a. If yes: disability statement in file? y/n 16. was the victim self-employed? y/n <ol style="list-style-type: none"> a. If yes: sufficient self-employment documentation in file? y/n 17. Is the victim permanently disabled or unable to work for more than 60 days? y/n <ol style="list-style-type: none"> a. Loss of support: documentation in file? y/n/n/a 18. Civil suit filed? y/n <ol style="list-style-type: none"> a. If yes, civil attorney entered? y/n
Secondary Eligibility Checklist	<p>The application need to provide this in a radio button format as Y/N result.</p> <ol style="list-style-type: none"> 1. Meets definition of Secondary Victim? y/n 2. Primary victim is eligible y/n 3. Medical Insurance? y/n 4. Auto insurance? y/n 5. Life insurance? y/n 6. Worker's compensation? y/n 7. Medicaid or Medicare? y/n 8. Iowa Cares? y/n 9. Hospital financial assistance? y/n 10. Civil Attorney? y/n <ol style="list-style-type: none"> If yes, is civil attorney entered in claims file?



Requirement ID Updated Date Status	Description
Homicide Survivor Checklist	<p>The application need to provide this in a radio button format as Y/N result.</p> <ol style="list-style-type: none"> 1. Meets definition of eligible Homicide Survivor? y/n 2. Primary homicide victim claim eligible? y/n 3. Medical Insurance? y/n 4. Auto Insurance? y/n 5. Life Insurance? y/n 6. Worker's Compensation? y/n 7. Medicaid or Medicare? y/n 8. Iowa Cares? y/n 9. Hospital financial assistance? y/n 10. Civil Attorney? y/n <ol style="list-style-type: none"> a. If yes, civil attorney entered in system? y/n
Crime Summary (button)	<p>Renaming of the window from Incident Summary to Crime Summary.</p> <p>The following static data fields to be provided:</p> <ol style="list-style-type: none"> 1. Claim Number 2. Victim's Name (first/last name) 3. Assigned To 4. Claim Status 5. Location <p>Crime Summaries Window:</p> <ol style="list-style-type: none"> 1. Needs to support enough text equal to two pages of a MS Word Document. 2. Capability to include a memo as part of the Crime Summary details. 3. Crime Injuries Section – Listing of notes to provide listing of crime injuries. 4. Spell/Grammar Check – button to execute spell check on crime summary and memo's. 5. Search – Also see under Claim Search at Claim Level for details. Ability to search crime summaries by word/group of words? This would be not just for one crime summary at a time, but to be able to search multiple crime summaries in multiple claims. <ol style="list-style-type: none"> a. Quick text or quick notes? This needs to be stored in a database to search against for using another time. b. This needs to be allowed for users to choose from in another memo created. c. Also need a canned summary of quick notes - Gather a listing of the standard quick text or quick notes. NOTE: example to site code and administration rules and policy.



Requirement ID Updated Date Status	Description
Print Crime Summary (button)	Option to print memo's related to crime summary. This Print option mode needs to allow the user to see the memo's in a viewer prior to printing.

PAYMENT SUMMARY

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
CS.01.04/13/2012 5/24/2012 Proposed	<p>Payment Summary Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table always needs to pull from the provider database) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Payment Summary Section: Sort capability (all column fields)</p> <ol style="list-style-type: none"> 1. Award Date 2. Payee 3. Claimant 4. Amount 5. Provider 6. Expense Type (DB Table) 7. Award Status (DB Table) 8. Warrant # 9. Warrant Date (DB Table) 10. Award Type (DB Tables) 11. CW/OW/REF (Cancelled Warrant, Outdated Warrant and Refund) 12. Service Date(s) 13. Notes <p>All column headers need to have drop down functionality to allow the user to select value needed and then the Total Section will need to provide the Total amount by Loss Type.</p> <p>Capability to hide/unhide column(s) and/or Row(s) in the Payment Summary window for Printing needs.</p> <p>Denied Payments: All denied payments need to be in a separate section different from all the awarded payments.</p> <p>Awarded Payment: Same as above. All awarded payments need to be in a separate section different from all the denied payments.</p> <p>Total Section:</p> <ol style="list-style-type: none"> 1. Loss Type 2. Amount <p>Print Preview option Print option w/ number of copies. (Crystal Reports)</p>



PAYMENTS - BENEFIT CAPS

Requirement ID Updated Date Status	Description
ONETIMEPAYMYNT. 01.05/23/20012 5/23/2012 Proposed	<p>Need the capability to make payment(s) to an individual who is not the claimant, without adding the individual to our database. Below are a couple of examples of why we need this capability (just to illustrate the need for the requirement):</p> <p>A homicide occurs and a family friend pays for the funeral expenses. We need to reimburse that individual, who is not the claimant or a provider.</p> <p>An individual who is not the claimant provides transportation to a victim and we need to reimburse that individual.</p>

BENEFIT CAP BY BENEFIT TYPE

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
Benefit Caps by Benefit Type.01.05/10/12 10/30/2012 Proposed	<p>New application needs to be able to track and prevent the payment from going over the benefit cap for each benefit type.</p> <p>Application needs to provide a way of telling the user what's been spent on a given benefit type and what's left on a given benefit type up to the benefit cap.</p> <p>Application needs to allow a user to perform a cross reference of dates they're paying on a given benefit type. Needs to include a display on 'dates of service' in a calendar format or other means to choose date parameters for a date range and selection for a specific date(s).</p> <p>Application needs to allow for CVC to edit a prior benefit type or create a new benefit type/cap from a prior fiscal year.</p> <p>Benefit Caps:</p> <ol style="list-style-type: none"> 1. Lost wages See Benefit Cap by Fiscal Year = WAGES/INJURY <ol style="list-style-type: none"> a. \$6,000 lost wages due to victims crime-related injury or for a homicide survivor. See Benefit Cap by Fiscal Year = HOMICIDE SURV WAGES COURT or SECONDARY WAGES COURT b. \$1,000 lost wages to attend criminal justice proceedings per primary claim. 2. Loss of Support (homicide/non-homicide) See Benefit Cap by Fiscal Year = LOSS SUPPORT <ol style="list-style-type: none"> a. \$4,000 per dependent on homicides b. 0 - \$4,000 per dependent on non-homicides 3. Counseling See Benefit Cap by Fiscal Year = COUNSELING and HOMICIDE SURV COUNSELING <ol style="list-style-type: none"> a. \$5,000 counseling for a victim or homicide victim survivor See Benefit Cap by Fiscal Year = SECONDARY VICTIM COUNSELING b. \$2,000 counseling for a secondary crime victim. 4. Medical See Benefit Cap by Fiscal Year = MEDICAL <ol style="list-style-type: none"> a. \$25,000 medical care for a crime victim See Benefit Cap by Fiscal Year = HOMICIDE SURV MEDICAL b. \$3,000 medical care for a homicide victim survivor 5. \$7,500 funeral and burial of homicide victim See Benefit Cap by Fiscal Year = FUNERAL 6. \$1,000 residential crime scene clean-up per primary claim. See Benefit Cap by Fiscal Year = CRIME SCENE CLEANUP 7. \$1,000 child or dependent adult care See Benefit Cap by Fiscal Year = DEPENDENT CARE 8. \$200 clothing/bedding held as evidence See Benefit Cap by Fiscal Year = CLOTHING BEDDING 9. \$500 replacement of residential security items See Benefit Cap by Fiscal Year = RESIDENTIAL SECURITY 10. \$1,000 transportation/lodging benefit See Benefit Cap by Fiscal Year = TRAVEL



Requirement ID Updated Date Status	Description
CLTHINGBEDDING.01.0 5/24/2012 10/30/2012 Proposed	1. PROVIDER INFORMATION (Benefit View) General Information a. Show by Provider Type (dropdown to edit) b. Provider (dropdown to edit) Need to have an Add, Edit and Remove button. c. Vendor Number d. Tax Id e. Service Type f. Qualification g. Notes (text box for entry/edit and scroll bar) Address/Phone a. Address (display only) b. City/State/Zip (display only) c. County (display only) d. Email (display only) Phone Contact Display a. Phone Type b. Area Code c. Number d. Extension 2. EXPENSE VERIFICATION Funeral Calculation a. Award Date b. Total (\$) Award c. Award (\$) to Provider d. Award (\$) to Claimant e. Account Number (allow for multiple entries) f. Date of Service (allow for multiple entries) g. Expense Type h. Medical Expense Sug-Total: i. Add button to add another record 3. Access to adjust the payment %. 4. Capability to allow user to pay a specific dollar amount to multiple individuals. 5. Drop Down - All Payment Types. Examples: Doctor, Radiology, transportation etc. More to be identified in planning phase. 6. Capability to add collateral sources and calculating payment. New Web application to have this logic. Example: Soc Security, Workmans Comp, Insurance. Box for adding additional collateral sources. 7. Crime Related Source Percentage (Auto calculate) Default 100%, but have the option to update %. 8. Denied Amount - entry field for denied portion of payment; if applicable.



Requirement ID Updated Date Status	Description
CRIME SCENE CLNUP.01.05/24/2012 10/30/2012 Proposed	1. PROVIDER INFORMATION (Benefit View) General Information a. Show by Provider Type (dropdown to edit) b. Provider (dropdown to edit) Need to have an Add, Edit and Remove button. c. Vendor Number d. Tax Id e. Service Type f. Qualification g. Notes (text box for entry/edit and scroll bar) Address/Phone a. Address (display only) b. City/State/Zip (display only) c. County (display only) d. Email (display only) Phone Contact Display a. Phone Type b. Area Code c. Number d. Extension 2. EXPENSE VERIFICATION Funeral Calculation a. Award Date b. Total (\$) Award c. Award (\$) to Provider d. Award (\$) to Claimant e. Account Number (allow for multiple entries) f. Date of Service (allow for multiple entries) g. Expense Type h. Medical Expense Sug-Total: i. Add button to add another record 3. Access to adjust the payment %. 4. Capability to allow user to pay a specific dollar amount to multiple individuals. 5. Drop Down - All Payment Types. Examples: Doctor, Radiology, transportation etc. More to be identified in planning phase. 6. Capability to add collateral sources and calculating payment. New Web application to have this logic. Example: Soc Security, Workmans Comp, Insurance. Box for adding additional collateral sources. 7. Crime Related Source Percentage (Auto calculate) Default 100%, but have the option to update %. 8. Denied Amount - entry field for denied portion of payment; if applicable.



Requirement ID Updated Date Status	Description
DPDNTCARE.01.05/24/ 2012 10/30/2012 Proposed	1. PROVIDER INFORMATION (Benefit View) General Information a. Show by Provider Type (dropdown to edit) b. Provider (dropdown to edit) Need to have an Add, Edit and Remove button. c. Vendor Number d. Tax Id e. Service Type f. Qualification g. Notes (text box for entry/edit and scroll bar) Address/Phone a. Address (display only) b. City/State/Zip (display only) c. County (display only) d. Email (display only) Phone Contact Display a. Phone Type b. Area Code c. Number d. Extension 2. EXPENSE VERIFICATION Funeral Calculation a. Award Date b. Total (\$) Award c. Award (\$) to Provider d. Award (\$) to Claimant e. Account Number (allow for multiple entries) f. Date of Service (allow for multiple entries) g. Expense Type h. Medical Expense Sug-Total: i. Add button to add another record 3. Access to adjust the payment %. 4. Capability to allow user to pay a specific dollar amount to multiple individuals. 5. Drop Down - All Payment Types. Examples: Doctor, Radiology, transportation etc. More to be identified in planning phase. 6. Capability to add collateral sources and calculating payment. New Web application to have this logic. Example: Soc Security, Workmans Comp, Insurance. Box for adding additional collateral sources. 7. Crime Related Source Percentage (Auto calculate) Default 100%, but have the option to update %. 8. Denied Amount - entry field for denied portion of payment; if applicable.



Requirement ID Updated Date Status	Description
FUNERAL.01.05/16/2012 10/30/2012 Proposed	<p>1. PROVIDER INFORMATION (Benefit View)</p> <p>General Information</p> <ul style="list-style-type: none"> a. Show by Provider Type (dropdown to edit) b. Provider (dropdown to edit) Need to have an Add, Edit and Remove button. c. Vendor Number d. Tax Id e. Service Type f. Qualification g. Notes (text box for entry/edit and scroll bar) <p>Address/Phone</p> <ul style="list-style-type: none"> a. Address (display only) b. City/State/Zip (display only) c. County (display only) d. Email (display only) <p>Phone Contact Display</p> <ul style="list-style-type: none"> a. Phone Type b. Area Code c. Number d. Extension <p>2. EXPENSE VERIFICATION</p> <p>Funeral Calculation</p> <ul style="list-style-type: none"> a. Award Date b. Total (\$) Award c. Award (\$) to Provider d. Award (\$) to Claimant e. Account Number (allow for multiple entries) f. Date of Service (allow for multiple entries) g. Expense Type h. Medical Expense Sug-Total: i. Add button to add another record <p>3. Drop Down - All Payment Types. Examples: Doctor, Radiology, transportation etc. More to be identified in planning phase.</p> <p>4. Capability to allow user to pay a specific dollar amount to multiple individuals.</p> <p>5. Capability to add collateral sources and calculating payment. New Web application to have this logic. Example: Soc Security, Workmans Comp, Insurance. Box for adding additional collateral sources.</p> <p>6. Crime Related Source Percentage (Auto calculate) Default 100%, but have the option to update %.</p> <p>7. Denied Amount - entry field for denied portion of payment; if applicable.</p>



Requirement ID Updated Date Status	Description
LSTWGSREC.01.05/23/2012 5/24/2012 Proposed	<p>Fields on Record (New or Edited)</p> <ol style="list-style-type: none"> 1. Name of Employer (drop down) 2. Award Type (drop down) 3. Award Date 4. Award Status (drop down) 5. Award Status Date 6. QC Staff (display of name) 7. QC Staff (drop down to change above) 8. QC Date 9. Notes (text box to enter notes) <p>CALCULATION Tab Lost Wages section header</p> <ol style="list-style-type: none"> 1. Name of Employee 2. Expense Type (drop down) <p>Collateral section header</p> <ol style="list-style-type: none"> 1. Source (5 drop down fields for entry) 2. Amount (5 entry boxes to correspond with source above) 3. Total Expense 4. Total Payment <p>Lost Period section header</p> <ol style="list-style-type: none"> 1. From Date (allows for multiple entries; if applicable) 2. To Date <p>Calculate Button - Auto sums the collateral source amounts to display in the Total Payment field.</p> <ol style="list-style-type: none"> 3. Capability to allow user to pay a specific dollar amount to multiple individuals. <p>Clear Button - clears any entry Ok button - accepts and entry or edit Cancel - cancel any entries.</p>



Requirement ID Updated Date Status	Description
MEDICAL.01.05/17/2012 10/30/2012 Proposed	1. PROVIDER INFORMATION (Benefit View) General Information a. Show by Provider Type (dropdown to edit) b. Provider (dropdown to edit) Need to have an Add, Edit and Remove button. c. Vendor Number d. Tax Id e. Service Type f. Qualification g. Notes (text box for entry/edit and scroll bar) Address/Phone a. Address (display only) b. City/State/Zip (display only) c. County (display only) d. Email (display only) Phone Contact Display a. Phone Type b. Area Code c. Number d. Extension 2. EXPENSE VERIFICATION Medical/Dental Calculation a. Award Date b. Total (\$) Award c. Award (\$) to Provider d. Award (\$) to Claimant e. Account Number (allows for multiple entries) f. Date of Service (allows for multiple entries) g. Expense Type h. Medical Expense Sug-Total: i. Add button to add another record 3. Logic to calculate the payment at 70% of Medical/Dental. The other 30% from provider. 4. Access to adjust the payment % for Medical/Dental. 5. Capability to allow user to pay a specific dollar amount to multiple individuals. 6. Drop Down - All Payment Types. Examples: Doctor, Radiology, transportation etc. More to be identified in planning phase. 7. Capability to add collateral sources and calculating payment. New Web application to have this logic. Example: Soc Security, Workmans Comp, Insurance. Box for adding additional collateral sources. 8. Crime Related Source Percentage (Auto calculate) Default 100%, but have the option to update %. 9. Denied Amount - entry field for denied portion of payment; if applicable.



Requirement ID Updated Date Status	Description
MENTALHLTH.01.05/23/ 2012 5/25/2012 Proposed	<p>1. PROVIDER INFORMATION (Benefit View)</p> <p>General Information</p> <ul style="list-style-type: none"> a. Show by Provider Type (dropdown to edit) b. Provider (dropdown to edit) Need to have an Add, Edit and Remove button. c. Vendor Number d. Tax Id e. Service Type f. Qualification g. Notes (text box for entry/edit and scroll bar) <p>Address/Phone</p> <ul style="list-style-type: none"> a. Address (display only) b. City/State/Zip (display only) c. County (display only) d. Email (display only) <p>Phone Contact Display</p> <ul style="list-style-type: none"> a. Phone Type b. Area Code c. Number d. Extension <p>2. EXPENSE VERIFICATION</p> <p>Medical/Dental Calculation</p> <ul style="list-style-type: none"> a. Award Date b. Total (\$) Award c. Award (\$) to Provider d. Award (\$) to Claimant e. Account Number (allow for multiple entries) f. Date of Service (allow for multiple entries) g. Expense Type h. Medical Expense Sug-Total: i. Add button to add another record. <p>3. Access to adjust the payment %.</p> <p>4. Capability to allow user to pay a specific dollar amount to multiple individuals.</p> <p>5. Drop Down - All Payment Types. Examples: Doctor, Radiology, transportation etc. More to be identified in planning phase.</p> <p>6. Capability to add collateral sources and calculating payment. New Web application to have this logic. Example: Soc Security, Workmans Comp, Insurance. Box for adding additional collateral sources.</p> <p>7. Crime Related Source Percentage (Auto calculate) Default 100%, but have the option to update %.</p> <p>8. Denied Amount - entry field for denied portion of payment; if applicable.</p>



Requirement ID Updated Date Status	Description
RESIDENTIALSECURE.01 .05.05/24/2012 10/30/2012 Proposed	1. PROVIDER INFORMATION (Benefit View) General Information a. Show by Provider Type (dropdown to edit) b. Provider (dropdown to edit) Need to have an Add, Edit and Remove button. c. Vendor Number d. Tax Id e. Service Type f. Qualification g. Notes (text box for entry/edit and scroll bar) Address/Phone a. Address (display only) b. City/State/Zip (display only) c. County (display only) d. Email (display only) Phone Contact Display a. Phone Type b. Area Code c. Number d. Extension 2. EXPENSE VERIFICATION Funeral Calculation a. Award Date b. Total (\$) Award c. Award (\$) to Provider d. Award (\$) to Claimant e. Account Number (allow for multiple entries) f. Date of Service (allow for multiple entries) g. Expense Type h. Medical Expense Sug-Total: i. Add button to add another record 3. Access to adjust the payment %. 4. Capability to allow user to pay a specific dollar amount to multiple individuals. 5. Drop Down - All Payment Types. Examples: Doctor, Radiology, transportation etc. More to be identified in planning phase. 6. Capability to add collateral sources and calculating payment. New Web application to have this logic. Example: Soc Security, Workmans Comp, Insurance. Box for adding additional collateral sources. 7. Crime Related Source Percentage (Auto calculate) Default 100%, but have the option to update %. 8. Denied Amount - entry field for denied portion of payment; if applicable.



Requirement ID Updated Date Status	Description
TRAVEL.01.05/24/2012 10/30/2012 Proposed	1. TRANSPORTATION a. Award Date b. Total (\$) Award c. Date From d. Date To e. Expense Type f. Milage Sub-Total 2. Capability to allow user to pay a specific dollar amount to multiple individuals.
WAGES/INJURY.01.05/ 23/2012 10/30/2012 Proposed	1. Button to add Employer to the record. 2. LOST WAGES CALCULATION a. Award Date b. Total (\$) Award c. Date From d. Date To e. Employer Name f. Expense Type g. Lost Wages Sub-Total: (display with auto-sum) h. Buttons for Add, Edit or Removing records. i. Save and Cancel buttons. 3. Capability to allow user to pay a specific dollar amount to multiple individuals.

BENEFIT TYPE/BENEFIT CAPS BY FISCAL YEAR

Requirement ID Updated Date Status	Description
BFY.01.08/31/2012 10/30/2012 Proposed	Benefits vary by fiscal year. We have not had any benefit changes in the last two fiscal years, but we enter parameters into CA at the start of each fiscal year for our benefits as they vary by amount and benefit type when there are legislative changes (our benefits are determined by legislature). We will need to have these parameters in the system and be able to enter new parameters each fiscal year.



Requirement ID Updated Date Status	Description
CLTHINGBEDDING .01.09/07/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. CLOTHING/BEDDING FY84 - 100 FY85 - 100 FY86 - 100 FY87 - 100 FY88 - 100 FY89 - 100 FY90 - 100 FY91 - 100 FY92 - 100 FY93 - 100 FY94 - 100 FY95 - 100 FY96 - 100 FY97 - 100 FY98 - 100 FY99 - 100 FY00 - 100 FY01 - 100 FY02 - 100 FY03 - 100 FY04 - 100 FY05 - 100 FY06 - 100 FY07 - 100 FY08 - 200 FY09 - 200 FY10 - 200 FY11 - 200 FY12 - 200 FY13 - 200



Requirement ID Updated Date Status	Description
COUNSELING.01.0 9/07/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. COUNSELING FY84 - None FY85 - None FY86 - 500 FY87 - 500 FY88 - 500 FY89 - 500 FY90 - 500 FY91 - 1,500 FY92 - 1,500 FY93 - 1,500 FY94 - 3,000 FY95 - 3,000 FY96 - 3,000 FY97 - 3,000 FY98 - 3,000 FY99 - 3,000 FY00 - 3,000 FY01 - 3,000 FY02 - 3,000 FY03 - 3,000 FY04 - 3,000 FY05 - 3,000 FY06 - 3,000 FY07 - 3,000 FY08 - 5,000 FY09 - 5,000 FY10 - 5,000 FY11 - 5,000 FY12 - 5,000 FY13 - 5,000



Requirement ID Updated Date Status	Description
CRIMESCENECLN UP.01.09/07/2012 9/27/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. CRIME SCENE CLEANUP FY84 - None FY85 - None FY86 - None FY87 - None FY88 - None FY89 - None FY90 - None FY91 - None FY92 - None FY93 - 1,000/Homicide FY94 - 1,000/Homicide FY95 - 1,000/Homicide FY96 - 1,000/Homicide FY97 - 1,000/Homicide FY98 - 1,000/Homicide FY99 - 1,000/Homicide FY00 - 1,000/Homicide FY01 - 1,000/Per Primary Claim FY02 - 1,000/Per Primary Claim FY03 - 1,000/Per Primary Claim FY04 - 1,000/Per Primary Claim FY05 - 1,000/Per Primary Claim FY06 - 1,000/Per Primary Claim FY07 - 1,000/Per Primary Claim FY08 - 1,000/Per Primary Claim FY09 - 1,000/Per Primary Claim FY10 - 1,000/Per Primary Claim FY11 - 1,000/Per Primary Claim FY12 - 1,000/Per Primary Claim FY13 - 1,000/Per Primary Claim



Requirement ID Updated Date Status	Description
DPDNTCARE.01.09 /07/2012 9/27/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. DEPENDANT CARE FY00 - None FY01 - None FY02 - None FY03 - None FY04 - None FY05 - None FY06 - None FY07 - None FY08 - 1,000/Per Applicant FY09 - 1,000/Per Applicant FY10 - 1,000/Per Applicant FY11 - 1,000/Per Applicant FY12 - 1,000/Per Applicant FY13 - 1,000/Per Applicant



Requirement ID Updated Date Status	Description
FUNERAL.01.09/07 /2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. FUNERAL FY84 - 1,000 FY85 - 2,000 FY86 - 2,500 FY87 - 2,500 FY88 - 2,500 FY89 - 2,500 FY90 - 2,500 FY91 - 2,500 FY92 - 2,500 FY93 - 2,500 FY94 - 2,500 FY95 - 5,000 FY96 - 5,000 FY97 - 5,000 FY98 - 5,000 FY99 - 7,500 FY00 - 7,500 FY01 - 7,500 FY02 - 7,500 FY03 - 7,500 FY04 - 7,500 FY05 - 7,500 FY06 - 7,500 FY07 - 7,500 FY08 - 7,500 FY09 - 7,500 FY10 - 7,500 FY11 - 7,500 FY12 - 7,500 FY13 - 7,500



Requirement ID Updated Date Status	Description
HOMSURMED.01.0 9/06/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. HOMICIDE SURVIVOR MEDICAL FY84 - None FY85 - None FY86 - None FY87 - None FY88 - None FY89 - None FY90 - None FY91 - None FY92 - None FY93 - None FY94 - None FY95 - None FY96 - None FY97 - 3,000/Per Eligible Homicide Survivor FY98 - 3,000/Per Eligible Homicide Survivor FY99 - 3,000/Per Eligible Homicide Survivor FY00 - 3,000/Per Eligible Homicide Survivor FY01 - 3,000/Per Eligible Homicide Survivor FY02 - 3,000/Per Eligible Homicide Survivor FY03 - 3,000/Per Eligible Homicide Survivor FY04 - 3,000/Per Eligible Homicide Survivor FY05 - 3,000/Per Eligible Homicide Survivor FY06 - 3,000/Per Eligible Homicide Survivor FY07 - 3,000/Per Eligible Homicide Survivor FY08 - 3,000/Per Eligible Homicide Survivor FY09 - 3,000/Per Eligible Homicide Survivor FY10 - 3,000/Per Eligible Homicide Survivor FY11 - 3,000/Per Eligible Homicide Survivor FY12 - 3,000/Per Eligible Homicide Survivor FY13 - 3,000/Per Eligible Homicide Survivor



Requirement ID Updated Date Status	Description
HOMSURVCONSE L.01.09/07/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. HOMICIDE SURVIVOR COUNSELING FY84 - None FY85 - None FY86 - None FY87 - None FY88 - None FY89 - 500/Per Homicide Survivor - 2,000/Claim FY90 - 500/Per Homicide Survivor - 2,000/Claim FY91 - 500/Per Homicide Survivor - 2,000/Claim FY92 - 500/Per Homicide Survivor - 2,000/Claim FY93 - 500/Per Homicide Survivor - 2,000/Claim FY94 - 3,000/Per Homicide Survivor - 6,000/Claim FY95 - 3,000/Per Homicide Survivor - 6,000/Claim FY96 - 3,000/Per Homicide Survivor - 6,000/Claim FY97 - 3,000/Per Homicide Survivor FY98 - 3,000/Per Homicide Survivor FY99 - 3,000/Per Homicide Survivor FY00 - 3,000/Per Homicide Survivor FY01 - 3,000/Per Homicide Survivor FY02 - 3,000/Per Homicide Survivor FY03 - 3,000/Per Homicide Survivor FY04 - 3,000/Per Homicide Survivor FY05 - 3,000/Per Homicide Survivor FY06 - 3,000/Per Homicide Survivor FY07 - 3,000/Per Homicide Survivor FY08 - 5,000/Per Homicide Survivor FY09 - 5,000/Per Homicide Survivor FY10 - 5,000/Per Homicide Survivor FY11 - 5,000/Per Homicide Survivor FY12 - 5,000/Per Homicide Survivor FY13 - 5,000/Per Homicide Survivor



Requirement ID Updated Date Status	Description
HOMSURVWAGES. 01.09/07/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. HOMICIDE SURVIVOR WAGES FY84 - None FY85 - None FY86 - None FY87 - None FY88 - None FY89 - None FY90 - None FY91 - None FY92 - None FY93 - None FY94 - None FY95 - None FY96 - None FY97 - None FY98 - None FY99 - 6,000/Per Eligible Homicide Survivor FY00 - 6,000/Per Eligible Homicide Survivor FY01 - 6,000/Per Eligible Homicide Survivor FY02 - 6,000/Per Eligible Homicide Survivor FY03 - 6,000/Per Eligible Homicide Survivor FY04 - 6,000/Per Eligible Homicide Survivor FY05 - 6,000/Per Eligible Homicide Survivor FY06 - 6,000/Per Eligible Homicide Survivor FY07 - 6,000/Per Eligible Homicide Survivor FY08 - 6,000/Per Eligible Homicide Survivor FY09 - 6,000/Per Eligible Homicide Survivor FY10 - 6,000/Per Eligible Homicide Survivor FY11 - 6,000/Per Eligible Homicide Survivor FY12 - 6,000/Per Eligible Homicide Survivor FY13 - 6,000/Per Eligible Homicide Survivor



Requirement ID Updated Date Status	Description
HOMSURVWAGES COURT.01.09/26/2 012 9/27/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. HOMICIDE SURVIVOR WAGES COURT FY84 - None FY85 - None FY86 - None FY87 - None FY88 - None FY89 - None FY90 - None FY91 - None FY92 - None FY93 - None FY94 - None FY95 - None FY96 - None FY97 - None FY98 - None FY99 - 1,000/Per Eligible Homicide Survivor per claim FY00 - 1,000/Per Eligible Homicide Survivor per claim FY01 - 1,000/Per Eligible Homicide Survivor per claim FY02 - 1,000/Per Eligible Homicide Survivor per claim FY03 - 1,000/Per Eligible Homicide Survivor per claim FY04 - 1,000/Per Eligible Homicide Survivor per claim FY05 - 1,000/Per Eligible Homicide Survivor per claim FY06 - 1,000/Per Eligible Homicide Survivor per claim FY07 - 1,000/Per Eligible Homicide Survivor per claim FY08 - 1,000/Per Eligible Homicide Survivor per claim FY09 - 1,000/Per Eligible Homicide Survivor per claim FY10 - 1,000/Per Eligible Homicide Survivor per claim FY11 - 1,000/Per Eligible Homicide Survivor per claim FY12 - 1,000/Per Eligible Homicide Survivor per claim FY13 - 1,000/Per Eligible Homicide Survivor per claim



Requirement ID Updated Date Status	Description
LOSSUPPORT.01.0 9/07/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. LOSS OF SUPPORT FY84 - None FY85 - 2,000/Per Dependent - 6,000/Per Primary Claim FY86 - 2,000/Per Dependent - 6,000/Per Primary Claim FY87 - 2,000/Per Dependent - 6,000/Per Primary Claim FY88 - 2,000/Per Dependent - 6,000/Per Primary Claim FY89 - 2,000/Per Dependent - 6,000/Per Primary Claim FY90 - 2,000/Per Dependent - 6,000/Per Primary Claim FY91 - 2,000/Per Dependent - 6,000/Per Primary Claim FY92 - 2,000/Per Dependent - 6,000/Per Primary Claim FY93 - 2,000/Per Dependent - 6,000/Per Primary Claim FY94 - 2,000/Per Dependent - 6,000/Per Primary Claim FY95 - 2,000/Per Dependent - 6,000/Per Primary Claim FY96 - 2,000/Per Dependent - 6,000/Per Primary Claim FY97 - 2,000/Per Dependent - 6,000/Per Primary Claim FY98 - 2,000/Per Dependent - 6,000/Per Primary Claim FY99 - 2,000/Per Dependent FY00 - 2,000/Per Dependent FY01 - 2,000/Per Dependent FY02 - 2,000/Per Dependent FY03 - 2,000/Per Dependent FY04 - 2,000/Per Dependent FY05 - 2,000/Per Dependent FY06 - 2,000/Per Dependent FY07 - 2,000/Per Dependent FY08 - 4,000/Per Dependent FY09 - 4,000/Per Dependent FY10 - 4,000/Per Dependent FY11 - 4,000/Per Dependent FY12 - 4,000/Per Dependent FY13 - 4,000/Per Dependent



Requirement ID Updated Date Status	Description
MEDICAL.01.09/06 /2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. MEDICAL FY84 - 2,000 Per Primary Claim FY85 - 10,000 Per Primary Claim FY86 - 10,000 Per Primary Claim FY87 - 10,000 Per Primary Claim FY88 - 10,000 Per Primary Claim FY89 - 10,000 Per Primary Claim FY90 - 10,000 Per Primary Claim FY91 - 10,500 Per Primary Claim FY92 - 10,500 Per Primary Claim FY93 - 10,500 Per Primary Claim FY94 - 10,500 Per Primary Claim FY95 - 10,500 Per Primary Claim FY96 - 10,500 Per Primary Claim FY97 - 10,500 Per Primary Claim FY98 - 10,500 Per Primary Claim FY99 - 10,500 Per Primary Claim FY00 - 15,000 Per Primary Claim FY01 - 15,000 Per Primary Claim FY02 - 15,000 Per Primary Claim FY03 - 15,000 Per Primary Claim FY04 - 15,000 Per Primary Claim FY05 - 15,000 Per Primary Claim FY06 - 15,000 Per Primary Claim FY07 - 15,000 Per Primary Claim FY08 - 25,000 Per Primary Claim FY09 - 15,000 Per Primary Claim FY10 - 25,000 Per Primary Claim FY11 - 25,000 Per Primary Claim FY12 - 25,000 Per Primary Claim FY13 - 25,000 Per Primary Claim



Requirement ID Updated Date Status	Description
RESIDENTSECUR.01 .09/07/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. RESIDENTIAL SECURITY FY00 - None FY01 - None FY02 - None FY03 - None FY04 - None FY05 - None FY06 - None FY07 - None FY08 - 500/Per Residence FY09 - 500/Per Residence FY10 - 500/Per Residence FY11 - 500/Per Residence FY12 - 500/Per Residence FY13 - 500/Per Residence



Requirement ID Updated Date Status	Description
SECONDVICTIMC OUNSEL.01.09/07/ 2012	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type.
9/26/2012 Proposed	SECONDARY VICTIM COUNSELING FY84 - None FY85 - None FY86 - None FY87 - None FY88 - None FY89 - None FY90 - None FY91 - None FY92 - None FY93 - None FY94 - None FY95 - None FY96 - 1,000/Per Secondary Victim FY97 - 1,000/Per Secondary Victim FY98 - 1,000/Per Secondary Victim FY99 - 1,000/Per Secondary Victim FY00 - 1,000/Per Secondary Victim FY01 - 1,000/Per Secondary Victim FY02 - 1,000 Per Secondary Victim FY03 - 1,000/Per Secondary Victim FY04 - 1,000/Per Secondary Victim FY05 - 1,000/Per Secondary Victim FY06 - 1,000/Per Secondary Victim FY07 - 1,000/Per Secondary Victim FY08 - 2,000/Per Secondary Victim FY09 - 2,000/Per Secondary Victim FY10 - 2,000/Per Secondary Victim FY11 - 2,000/Per Secondary Victim FY12 - 2,000/Per Secondary Victim FY13 - 2,000/Per Secondary Victim



Requirement ID Updated Date Status	Description
SECWAGESCARET AKER.01.09/07/20 12 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. SEC WAGES FOR CARETAKER FY91 - None FY92 - None FY93 - None FY94 - None FY95 - None FY96 - None FY97 - None FY98 - None FY99 - None FY00 - None FY01 - 1,000 FY02 - 1,000 FY03 - 1,000 FY04 - 1,000 FY05 - 1,000 FY06 - 1,000 FY07 - 1,000 FY08 - 1,000 FY09 - 1,000 FY10 - 1,000 FY11 - 1,000 FY12 - 1,000 FY13 - 1,000



Requirement ID Updated Date Status	Description
SECWAGESCOURT .01.09/26/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. SEC WAGES FOR COURT FY91 - 1,000/Per Applicant FY92 - 1,000/Per Applicant FY93 - 1,000/Per Applicant FY94 - 1,000/Per Applicant FY95 - 1,000/Per Applicant FY96 - 1,000/Per Applicant FY97 - 1,000/Per Applicant FY98 - 1,000/Per Applicant FY99 - 1,000/Per Applicant FY00 - 1,000/Per Applicant FY01 - 1,000/Per Applicant FY02 - 1,000/Per Applicant FY03 - 1,000/Per Applicant FY04 - 1,000/Per Applicant FY05 - 1,000/Per Applicant FY06 - 1,000/Per Applicant FY07 - 1,000/Per Applicant FY08 - 1,000/Per Primary Claim FY09 - 1,000/Per Primary Claim FY10 - 1,000/Per Primary Claim FY11 - 1,000/Per Primary Claim FY12 - 1,000/Per Primary Claim FY13 - 1,000/Per Primary Claim
TRAVEL.01.09/07/2 012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. TRAVEL FY00 - None FY01 - None FY02 - None FY03 - None FY04 - None FY05 - None FY06 - None FY07 - None FY08 - 1,000 FY09 - 1,000 FY10 - 1,000 FY11 - 1,000 FY12 - 1,000 FY13 - 1,000



Requirement ID Updated Date Status	Description
WAGESINJURY.01. 09/07/2012 9/26/2012 Proposed	IOWA CRIME VICTIM COMPENSATION BENEFITS System needs to allow Admin. user to update Benefit Caps at the start of each fiscal year by Benefit Type. WAGES/INJURY FY84 - None FY85 - 2,000 FY86 - 2,000 FY87 - 2,000 FY88 - 2,000 FY89 - 2,000 FY90 - 2,000 FY91 - 2,000 FY92 - 2,000 FY93 - 2,000 FY94 - 2,000 FY95 - 2,000 FY96 - 6,000 FY97 - 6,000 FY98 - 6,000 FY99 - 6,000 FY00 - 6,000 FY01 - 6,000 FY02 - 6,000 FY03 - 6,000 FY04 - 6,000 FY05 - 6,000 FY06 - 6,000 FY07 - 6,000 FY08 - 6,000 FY09 - 6,000 FY10 - 6,000 FY11 - 6,000 FY12 - 6,000 FY13 - 6,000

RESTITUTION COLLECTION

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
REVOFFSET.01.09/ 11/2012 9/18/2012 Proposed	<p>This when restitution is owed from an offender or multiple offenders and CVC can seize income tax, lottery winnings etc. from revenue for payments on restitution.</p> <ol style="list-style-type: none"> 1. System needs to reflect and track this by allowing the users to set a flag/indicator that a claim has Revenue Offset on the claim. 2. System needs to accurately calculate the total received amount. Currently doesn't reduce the total received from the total balance owed in restitution. 3. Accurately calculate subtotal. 4. Accurately calculate total balance. 5. Revenue Offset Types New system needs to have a drop down list to select specific types. <ol style="list-style-type: none"> a. Income Tax b. Lottery Winnings c. Casino Winnings d. TBD - more to come 5. Revenue Offset Report: <ol style="list-style-type: none"> a. Amount collected by revenue types. b. Date parameters for date ranges needed.
RSTCOLL.01.06/14 /2012 10/30/2012 Proposed	<ol style="list-style-type: none"> 1. Restitution/Recovery Tab <ol style="list-style-type: none"> a. Restitution Ordered Date b. Restitution Amount Requested for Claim c. Restitution Amount Ordered for Claim d. Ability to enter and track payments received in CVC. e. Criminal Case Number field. f. Ability to calculate/view restitution amount ordered vs. restitution paid (calculate remaining restitution owed) Ex. One check can come in (Polk County), but that check covers multiple (cases) restitution payments. g. Ability to track refunds on restitution payments. h. Ability to interface with Clerk of Courts and Corrections to view restitution collection activity. (Nice to have, but not a requirement) i. Individual claims with multiple offenders paying restitution (ie, a victim is assaulted by 3 suspects, they are all convicted and ordered to pay restitution). In this case, we need a tracking system by offender under that one claim, so that we can see how much is owed by offender, how much has been paid, when each offender has paid in full. System also needs to account for multiple offenders when different payment amounts are ordered for restitution per offender. j. Ability to track joint and several restitution orders vs. individual orders when there are multiple offenders on one claim. k. Ability to send restitution letters. See Claim Letters requirements for list.
RSTOFFSET.01.09/1 1/2012 9/11/2012 Proposed	<p>This is when restitution is owed from an offender already from an existing claim. CVC can pull the restitution amount already owed from one to claim to another.</p> <ol style="list-style-type: none"> 1. System needs to reflect and track this by allowing the users to set a flag/indicator that a claim has Restitution Offset on the claim.



Requirement ID Updated Date Status	Description
RSTPYMNTS.01.09/ 11/2012 10/9/2012 Proposed	In the view of the restitution tab for a claim CVC needs to be able to see the offender(s) name per payment line item of the claim regardless of the number of payments. They currently have to double click on the payment line item to see the offender names. 1. They don't need to see Received From field in the payment line. This can be removed and will save room fo allow/add the offender name. 2. Restitution Payment Plans - Proactive way for staff to establish a payment plan by offender per claim. Needs to be flexible to allow admin to update the frequency of the payment plan. (ie. 2 weeks, 30days etc etc.)
SUBROGATION.01. 09/11/2012 9/21/2012 Proposed	This is when restitution payments have been made to a victim on a given claim, but has also have been awarded money from a civil suit; therefore CVC can collect the money they have already paid out to the victim. FORMULA: 1. Total amount paid out, x .333 = attorney fees. 2. Total amount paid out, divided by the total settlement = percentage we can pay of the attorney's costs. This percentage, x the attorney costs, = our share of costs. 3. Display formula of the subrogation calculation, so user can see how the result was determined. Auditing needs. 4. Check box or other means to reflect that the judgement has been satisfied has not been zero'd out.

CLAIM ACTIVITY LOG (SUPPLEMENTAL)

Requirement ID Updated Date Status	Description
CT.01.04/13/2012 5/23/2012 Proposed	Activity Log: Log of activity by claim. This needs to be in a seperate view at the claim level. 1. Quality Control Status 2. What Additional Information is Needed. 3. User that entered claim. 4. Compensation Specialist 5. Who QC'd the claim. The QC Staff needs to display for every transaction on status changes and the QC Date. 6. Claim Status (ENP, Pending, Paid, Denied, Approved, Withdrawn) 7. Last Date Updated and what values changed.



RECORD/CONTACT

Requirement ID Updated Date Status	Description
Record/Contact Tab	<p>Main Record/Contact Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table always needs to pull from the provider database) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Record of contacts field:</p> <ol style="list-style-type: none"> 4. Text Box to reflect current record/contacts, if applicable to be viewed or edited. 5. Add button to add new record/contact 6. Edit button to edit/change an existing record/contact. <p>Add/Edit window view:</p> <ol style="list-style-type: none"> 1. Notes box to add/edit record/contact. 2. Spell/Grammar Check button 3. Ok button to save. 4. Cancel button to cancel entry. 5. When an add or edit record/contact is entered in the application. Then user clicks the application needs to add the name of the user and the date of entry in the Record/Contact window.

REFERRAL

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
Referral Tab	<p>Referral Window: This information needs to be provided when adding a new record or editing an existing record.</p> <ol style="list-style-type: none"> 1. Provider's Name (drop down – DB Table always needs to pull from the provider database) 2. QC Staff (drop down – DB Table) 3. QC Date 4. Award Type (drop down – DB Table) 5. Award Date 6. Award Status (drop down – DB Table) 7. Award Status Date 8. Notes Field – Free form text <p>Referral Information: a. Referral Source (drop down – DB Table)</p> <p>Referral Agency Information: a. Criminal Justice and Victim Services radio buttons. User must choose one or the other. b. Referral Agency field to enter a new name, clear a name or select a name. Select, Clear and New buttons needed.</p> <p>Referral Notes field: a. Text box to enter notes.</p> <p>Case Source (drop down – DB Table)</p>

FINANCE

CLAIM INVOICES

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
Print Invoices 10/30/2012 Proposed	Print Invoices: Print Invoices window description - The invoices for the following claims are being printed. Example - Processed Claim(s) 081877 111273 111541 120021 120448 120618 120986 121334 121554 1. Ability to run/create multiple invoices on one claim. 2. New application needs to consistently and accurately create/print an invoice when there's multiple benefit types on a given claim. Invoice needs to reflect the mutiple benefit type (payments) line items for the invoice. 3. Ability to run/create a single invoice on a claim.

WARRANTS . ADD/CHANGE

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
Warrant Window 10/26/2012 Proposed	<p>Accessed from the Claims View by clicking on a given claim. Default Values section:</p> <p>REQUIRED</p> <ol style="list-style-type: none"> 1. Warrant Number 2. Warrant Date 3. Have 'Apply Defaults' button. Applies the Warrant # and Warrant Date to highlighted or selected claim #. 4. Tabs from left to right (Add Warrants, Change Warrant Status and Edit Warrant.) <p>ADD WARRANTS Tab List of columns fields from left to right:</p> <ol style="list-style-type: none"> 1. Claim # 2. Invoice Date 3. Invoice Amount 4. Payee 5. Warrant # 6. Warrant Date 7. Save and Cancel buttons <p>CHANGE WARRANT STATUS Tab Instructions - Enter the warrant date, number, status and the amount. List of columns fields from left to right:</p> <ol style="list-style-type: none"> 1. Date (allow user edit this field) 2. Warrant # (allow user edit this field) 3. Warrant Status 4. Warrant Amount 5. Save and Cancel buttons 6. System needs to prompt the user if they attempt to enter an existing warrant #. <p>EDIT WARRANT Tab List of columns fields from left to right:</p> <ol style="list-style-type: none"> 1. Warrant # 2. Warrant Date 3. New Warrant # 4. New Warrant Date 5. Save and Cancel buttons



INTEGRATION WITH GAX FILE TO I/3

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
<p>GAX File to I/3</p> <p>5/13/2013</p> <p>Proposed</p>	<p>WARRANTS</p> <p>Total GAX (I/3)</p> <ol style="list-style-type: none"> 1. System needs to include a Warrant Tab/section 2. System needs to calc total of batches (25 or less vendor lines per document) If there is a batch that exceeds 25 vendor lines, then the additional vendor lines will be put in the next (batch) document. <p>Application will need to create and send an xml file to DAS-SAE with the following GAX I/3 fields. This will allow accounting to go into I/3 directly without having to enter information into I/3 manually to create the GAX documents.</p> <p>New application will also need to have a capability to allow CVC to create a single vendor line for a rush payment on a give warrant #.</p> <p>WARRANTS - GAX (I/3)</p> <p>Needed Fields for the CVC Application on the GAX File to I/3:</p> <ol style="list-style-type: none"> 1. Victims Name (First Name, Last Name, if individual and Company Name, if organization) 2. Secondary Name (optional) 3. Service Date(s) 4. Vendor Code (Payments to victims will probably use the 00000011200 misc. vendor code) 5. Object Code (Object Code is a required field in the gateway) 6. Vendor Address (Street1, Street2, City, ST, ZIP all sent as separate fields) 7. Check Description 8. Claim Number 9. See the GAX File Schema on page 92 for reference on optional, required and minoccurs fields. <p>NOTE:</p> <p>An interface file can contain multiple documents and each document can contain multiple vendor payments. The Document ID for each a group of vendor payments within an interface file must be unique.</p> <p>Vendor Lookup (includes the vendor code) – This needed to allow the user to search/select the appropriate vendor for initial creation or edit. System will need to know when an Vendor (vendor code) is selected to map it the corresponding object code. NOTE: May not want to associate vendors with specific objects because a medical facility can provide multiple services.</p> <p>Object Code Lookup – To allow the user to search/select the appropriate object code for initial creation or edit.</p> <p>GAX document layout needs to be provided in a multi vendor document and not on one GAX document.</p> <p>New CVC application will need to pull warrant #'s from I/3 when check have been issued and then put into the new CVC application. This data can be obtained two ways- either by using our Web Services II application, or by creating a DW reporting and downloading the data from the DW report.</p>



Requirement ID Updated Date Status	Description
GAX File to I/3 (Continued) 5/13/2013 Proposed	Vendor (Service Provider or Victim scenarios) <ol style="list-style-type: none"> 1. If there's a vendor (service provider) on the claim to be paid. Then system needs to pull the vendor code from a vendor listing provided in the new system provided by I/3 2. If there's no vendor (service provider) on the claim to be paid, but it's an individual. The system will need NOT to pull a vendor code from a vendor list, but will use what is typed in manually (misc. vendor code) by the user. The system should be able to key from the victim name on the claim. 3. If there's a vendor (service provider) on the claim to be paid with a needed object code. Then system needs to pull the vendor code from a listing provided by I/3. The corresponding object code needs to auto fill based on the vendor code listing provided by I/3.

GAX FILE SCHEMA

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
GAX File Schema 6/4/2013 Proposed	<pre> <?xml version="1.0" encoding="UTF-8"?> <xsd:schema xmlns:xsd="http://www.w3.org/2001/XMLSchema" elementFormDefault="qualified" targetNamespace="http://das.ite.iowa.gov" xmlns="http://das.ite.iowa.gov"> <!-- This statement imports data types from the I3FinancialCommon.xsd --> <xsd:include schemaLocation="I3FinancialCommon.xsd" /> <!-- Defined types specific to GAX documents --> <xsd:simpleType name="docFyDcType"> <xsd:restriction base="xsd:integer"> <xsd:minInclusive value="2007" /> </xsd:restriction> </xsd:simpleType> <xsd:simpleType name="rmAdvType"> <xsd:restriction base="xsd:string"> <xsd:maxLength value="24" /> <xsd:minLength value="1" /> </xsd:restriction> </xsd:simpleType> <!-- The root element of the file --> <xsd:element name="I3Financial"> <xsd:annotation> <xsd:documentation>I3Financial is the root element for all I/3 Financial XML files.</xsd:documentation> </xsd:annotation> <xsd:complexType> <xsd:sequence minOccurs="0" maxOccurs="unbounded"> <xsd:element name="I3GeneralAccountingExpenditure" type="I3GeneralAccountingExpenditureType" /> </xsd:sequence> </xsd:complexType> </xsd:element> <!-- Root element for a GAX document --> <xsd:complexType name="I3GeneralAccountingExpenditureType"> <xsd:sequence> <xsd:element name="absDocVend" type="absDocVendType" minOccurs="1" maxOccurs="unbounded" /> </xsd:sequence> <xsd:attribute name="schemaVersion" type="xsd:decimal" use="required" /> <xsd:attribute name="docId" type="docIdType" use="required" /> <xsd:attribute name="docCat" type="docCatType" fixed="ABS" /> <xsd:attribute name="docType" type="docTypeType" fixed="ABS" /> <xsd:attribute name="docCd" type="docCdType" fixed="GAX" /> <xsd:attribute name="docDeptCd" type="docDeptCdType" use="required" /> <xsd:attribute name="docUnitCd" type="docUnitCdType" use="optional" /> <xsd:attribute name="docBfy" type="docBfyType" use="optional" /> <xsd:attribute name="docFyDc" type="docBfyType" use="optional" /> <xsd:attribute name="docPerDc" type="docPerDcType" use="optional" /> <xsd:attribute name="docDscr" type="docDscrType" use="optional" /> <xsd:attribute name="docNm" type="docNmType" use="optional" /> <xsd:attribute name="docExtDscr" type="docExtDscrType" use="optional" /> </xsd:complexType> </pre>



**CVC - AG Crime Victims Compensation
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Requirement ID Updated Date Status	Description
GAX File Schema (continued)	<pre> <!-- Vendor data nested within the GAX document. One GAX document can contain several vendor elements --> <xsd:complexType name="absDocVendType"> <xsd:sequence> <xsd:element name="vendCustCd" type="vendCustCdType" minOccurs="1" maxOccurs="1" /> <xsd:element name="vendSnglChkFl" type="xsd:boolean" minOccurs="0" maxOccurs="1" /> <xsd:sequence> <!-- *Note: only use this address override if you need to override the mailing address for the warrant --> <xsd:element name="addressOverride" type="addressOverrideType" minOccurs="0" maxOccurs="1" /> <xsd:element name="absDocActg" type="absDocActgType" minOccurs="1" maxOccurs="unbounded" /> </xsd:sequence> </xsd:sequence> </xsd:complexType> <!-- Accounting lines nested withing the vendor data. One vendor element can contain several accounting lines --> <xsd:complexType name="absDocActgType"> <xsd:sequence> <xsd:element name="actgTplld" type="actgTplldType" minOccurs="0" maxOccurs="1" /> <xsd:element name="lnAm" type="xsd:decimal" minOccurs="1" maxOccurs="1" /> <xsd:element name="fundCd" type="fundCdType" minOccurs="1" maxOccurs="1" /> <xsd:element name="objCd" type="objCdType" minOccurs="1" maxOccurs="1" /> <xsd:element name="subjCd" type="objCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="rsrcCd" type="rsrcCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="srsrCd" type="rsrcCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="deptCd" type="docDeptCdType" minOccurs="1" maxOccurs="1" /> <xsd:element name="unitCd" type="docUnitCdType" minOccurs="1" maxOccurs="1" /> <xsd:element name="apprCd" type="apprCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="locCd" type="locCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="slocCd" type="locCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="actvCd" type="actvCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="sactvCd" type="actvCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="funcCd" type="funcCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="sfuncCd" type="sfuncCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="rptCd" type="rptCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="srptCd" type="srptCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="dobjCd" type="dobjCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="drsrdCd" type="drsrdCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="taskCd" type="taskCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="staskCd" type="staskCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="mjrProgCd" type="mjrProgCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="progCd" type="progCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="phaseCd" type="phaseCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="ppcCd" type="ppcCdType" minOccurs="0" maxOccurs="1" /> <xsd:element name="actgLnDscr" type="actgLnDscrType" minOccurs="0" maxOccurs="1" /> <xsd:element name="evntTypld" minOccurs="1" maxOccurs="1" fixed="AP01" /> <xsd:element name="svcFrmDt" type="xsd:date" minOccurs="0" maxOccurs="1" /> <xsd:element name="svcToDt" type="xsd:date" minOccurs="0" maxOccurs="1" /> <xsd:element name="vendInvNo" type="vendInvNoType" minOccurs="0" maxOccurs="1" /> </pre>



**CVC - AG Crime Victims Compensation
Assistance Division (CVAD)
Requirements Specification**

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Requirement ID Updated Date Status	Description
GAX File Schema (continued)	<pre> <xsd:element name="vendInvLnNo" type="xsd:integer" minOccurs="0" maxOccurs="1" /> <xsd:element name="vendInvDt" type="xsd:date" minOccurs="0" maxOccurs="1" /> <xsd:element name="taskOrdCd" type="taskOrdCdType" minOccurs="0" maxOccurs="1" /> </xsd:sequence> </xsd:complexType> </xsd:schema> </pre>

CLAIM PAYMENT REFUNDS/CANCELLED WARRANTS

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
CPR.01.09/20.2012 10/30/2012 Proposed	Ability to track refunds on any victim and/or provider payments. REFUNDS 1. Compensation Refunds The following fields need to be provided on Restitution/Recovery section of the application: a. Check # (providers check number) b. Amount of check c. Provider refund or cancelled check d. Received from: Name and reason for refund/cancellation e. Warrant # f. Select: bring up provider and payment g. Save button 2. Print Option a. Pay Summary to print all refunds. 3. Report #29 Option a. Date parameters to enter Start Date and End Date. b. Option to choose Refund Type <ul style="list-style-type: none"> • Cancelled Warrant • Defendant Refund • Donation • Outdated Warrant • Provider Refund • Resitution • Resitution Refund • Returned Item • Revenue Offset • SAE • Subrogation

REPORTS

Requirement ID Updated Date Status	Description
General Report Requirements 12/2/2012 Proposed	1. Need ability set date parameters (start and end dates) for ALL reports. 2. Page Numbers need to be listing on each report. 3. Run Date in the header. 4. Criteria used listed in the header. 5. System needs to allow the CVC area to run ad-hoc reports using a front end tool such as Access and/or SQL Reporting Services. They need this functionality to pull certain data randomly for the public media or for legislative needs.



Requirement ID Updated Date Status	Description
<p>40 Day Report (8 weeks) Completed Claims</p> <p>New Report Name TBD (Aging Report?)</p> <p>4/24/2012 Proposed</p>	<p>List of all pending applications that have been pending 8 weeks or more.</p> <p>Pull from DATE RECEIVED FIELD in INTAKE TAB. GENERATE REPORT OF ALL PENDING PRIMARY & SECONDARY APPLICATIONS RECEIVED 8 weeks (40 working days) prior or longer based on DATE RECEIVED.</p> <p>Fields list in report: Oldest first by Date Received, Claim #, Victims Name and Comp. Specialist.</p> <p>Calculated Fields: Days Old = Current Date less day received.</p> <p>Criteria: Per Comp Specialist or all. Claim Status (default is pending) Date Received (default to 8 weeks prior to current date) – Return all records prior to date entered.</p> <p>Sort By: Date Received</p> <p>Group By: Comp. Specialist (optional)</p> <p>Group Totals (if applicable): Number of applications</p> <p>Grand Total (if applicable): Number of applications</p>



Requirement ID Updated Date Status	Description
Amount Paid by County 4/24/2012 Proposed	Total compensation paid to victims by county. Pull county information from COUNTY field in CRIME INFORMATION TAB. GROUP TOTAL PAYMENTS PER APPLICATION (PAYMENT SUMMARY GRAND TOTAL) BY COUNTY. Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):



Requirement ID Updated Date Status	Description
<p>Amount paid to Provider Types</p> <p>5/17/2012 Proposed</p>	<p>Total amount paid to providers in different service provider categories (Dental, Funeral, Medical, "Other", Mental Health, Pharmacy.</p> <p>Pull from EXPENSE/AWARDS TAB, EXPENSE VERIFICATION ENTRY by CATEGORY.</p> <ul style="list-style-type: none"> • In expense/awards, Medical/Dental Provider needs to be separated into medical and dental as a subcategory of Medical • Pharmacy as separate subcategory (normally pay victim not pharmacy but would like to be able to report separately on amounts paid by CVC to pharmacies • Mental Health Provider • Other • Funeral Provider <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>



Requirement ID Updated Date Status	Description
Amount Paid to Specific Providers 5/17/2012 Proposed	Report of amounts paid to specific providers in our provider database. In Expense/Awards, Provider Information tab (Provider information entered for each award with Tax ID or SSN). Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Monthly Compensation Report 5/3/2012 Proposed	Melissa's ACCESS REPORT – P:\AGCVAD\02 - Requirements (Use Cases)\CVC Scope Analysis\Monthly Compensation Reports.docx Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):



Requirement ID Updated Date Status	Description
<p>Average Claim Processing Time</p> <p>4/25/2012 Proposed</p>	<p>Average time it takes to process an application from receipt of application to decision date.</p> <p>DATE ENTERED FIELD in INTAKE COMPARED TO DECISION DATE under ELIGIBILITY/DETERMINATION TAB—AVERAGE amount of time for entire Compensation Staff</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>
<p>Average Processing Time by Comp Specialist</p> <p>4/25/2012 Proposed</p>	<p>Average time it takes per Comp Specialist to process an application from receipt date to decision date.</p> <p>DATE ENTERED FIELD in INTAKE COMPARED TO DECISION DATE under ELIGIBILITY/DETERMINATION TAB—AVERAGE amount of time per Compensation Specialist ("Assigned to" field)</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>



Requirement ID Updated Date Status	Description
Average QC Time 12/2/2012 Proposed	Average time between decision date and quality control date for entire Compensation Staff. DECISION DATE under ELIGIBILITY/DETERMINATION TAB compared to QC DATE—AVERAGE. Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Average QC Time by Comp Specialist 4/25/2012 Proposed	Average time between decision date and quality control date per quality control officer (Comp Specialist) DECISION DATE under ELIGIBILITY/DETERMINATION TAB compared to QC DATE AVERAGE amount of time per Quality Control Officer ("QC staff" field). Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):



Requirement ID Updated Date Status	Description
Claimant Satisfaction Survey by Comp Specialist 4/25/2012 Proposed	<p>Compiled information based on responses to Client Satisfaction Surveys completed and returned by claimants after claim is processed.</p> <p>Ranking 1-5 per each survey question—enter responses into database have ability to run report on average ranking per question per Compensation Specialist.</p> <p>Ability to enter needed follow-up items (pulled from survey) into Compensation Specialists' Queue.</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>
Claimant Satisfaction Survey 12/2/2012 Proposed	<p>Compiled information based on responses to Client Satisfaction Surveys completed and returned by claimants after claim is processed.</p> <p>Ranking 1-5 per each survey question—enter responses into database have ability to run report on average ranking per question for Compensation Staff as a whole</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>



Requirement ID Updated Date Status	Description
Claims by County 4/25/2012 Proposed	Total claims received by county. Pull from Intake and County Field in Crime Information Tab. Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Claims by County and Crime Type 4/25/2012 Proposed	Total claims received by county delineated by type of crime. Pull from Intake, County Field in Crime Information Tab, Crime Type Field in Crime Information Tab. Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):



Requirement ID Updated Date Status	Description
Claims Received by Crime Type 4/25/2012 Proposed	All claims received delineated by the type of crime that occurred. All applications, separate by Crime Type (Crime Type field, Crime Information Tab). Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Claims Received by Race, Age, Gender and Language 4/25/2012 Proposed	Report on claims received by the claimant's race, age, gender, primary language, handicap (yes or no), and percentage breakdown. Intake tab, Victim, Race field Intake tab, Victim, Age field Intake tab, Victim, Gender field Intake tab, Victim, ADD Primary language field Intake tab, Victim, Handicap field Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable): NOTE: Need administrative ability to change names of fields (ie, ability to change "handicapped" to "person with disability"), ability to add fields, and ability to add/change drop down selection items for these fields.



Requirement ID Updated Date Status	Description
Claims Received by Referral Source 4/25/2012 Proposed	Claims received delineated by the referral source (as reported on application) Referral tab, Referral Source field Need following drop-downs (based on current paper application): <ul style="list-style-type: none"> • Police/Sheriff • County Attorney • Media • Hospital • Victim Services • Other NOTE: Again need ability to add/change drop-down selection items. Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Client Satisfaction Survey 10/10/2012 Proposed	1. From the time an application is approved CVC needs to send a client satisfaction survey 6 months after the approval. They need the new system to generate this report and a cover letter once a month at the first of the each month per claim. Example: Application/Claim is approved on January 15, 2012. A report needs to be generated and send out all client satisfaction surveys and cover letters for application/claims approved in the month of 1/12 on 7/1/2012.



Requirement ID Updated Date Status	Description
<p>Disposition of Claims</p> <p>4/25/2012 Proposed</p>	<p>Report on all claims and current disposition (pending, approved, denied, ellgnp, etc)</p> <p>Intake tab, Claim Status field</p> <ul style="list-style-type: none"> • Pending • Eligible • Approved • Denied • Corrected • Appeal to director • Appeal to Board • Appeal to District Court • Withdrawn <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>
<p>Number of Payments and Amount</p> <p>5/3/2012 Proposed</p>	<p>Number of Payments by payment type, number of payments, total amount paid, and by Comp Specialist.</p> <p>Is included in the Monthly Compensation Report.</p>



Requirement ID Updated Date Status	Description
Number of Phone Applications 4/25/2012 Proposed	Total applications received by phone by name of Comp Specialist/Advocate taking the application. CURRENTLY %CASE SOURCE+field in Referral Tab Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Payments by Expense Type 4/25/2012 Proposed	Payments made by program delineated by expense type (benefit). Is included in the Monthly Compensation Report.



Requirement ID Updated Date Status	Description
Payments Processing not Approved 4/25/2012 Proposed	<p>List of payments processed by Comp Specialist but not yet approved by quality control.</p> <p>Expenses/Awards tab, calculation page Award date field, Award Status field.</p> <p>Report of payments more than 5 days (1 week) old that have not moved from "entered" status in Award Status Field</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>
Payment processed not approved per Compensation Specialist 12/2/2012 Proposed	<p>List of payments processed by Comp Specialist but not yet approved by quality control—per Compensation Specialist.</p> <p>Expenses/Awards tab, calculation page Award date field, Award Status field.</p> <p>Report of payments more than 5 days (1 week) old that have not moved from "entered" status in Award Status Field.</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>



Requirement ID Updated Date Status	Description
<p>Payments approved but not paid</p> <p>12/2/2012 Proposed</p>	<p>Report of all payments in "approved" award status but not paid.</p> <p>Report to include QC date of payment in Expenses/Awards tab, calculation page.</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>
<p>Claims with Eligibility determination but not yet QC'd</p> <p>12/2/2012 Proposed</p>	<p>List of claims that have been changed from pending status and have a decision date, more than 5 days (1 week) old, not yet QC'd —entire staff report.</p> <p>Eligibility Determination tab, Decision Date field, no QC Date on Intake tab Only claims with Decision date entered 5 days (1 week) prior but still no qc date.</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>



Requirement ID Updated Date Status	Description
Claims with Eligibility determination but not yet QC'd per Compensation Specialist 12/2/2012 Proposed	List of claims that have been changed from pending status and have a decision but have not yet been approved by quality control—per Compensation Specialist Eligibility Determination tab, Decision Date field, no QC Date on Intake tab Only claims with Decision date entered 5 days (1 week) prior but still no qc date
QA Evaluations Report 10/29/2012 Proposed	Report of files returned with a reason code, description and Comp Specialist. Drop down in the system to update reason code values when QC's and returned to Comp Specialist. Reason Code Values to be provided. SEE Page 44, QC.01.04/16/2012.
Reports to Federal - VOCA Annual 5/23/2012 Proposed	Victims of Crime Act - Series of reports that the field needs. 1. Performance Report 2. Voca Application Melissa ACCESS Report – P:\AGCVAD\02 - Requirements (Use Cases)\CVC Scope Analysis\Certification and VOCA Reports.docx P:\AGCVAD\04 - Customer Provided\VOCA_1.pdf P:\AGCVAD\04 - Customer Provided\VOCA_2.pdf P:\AGCVAD\04 - Customer Provided\VOCA_3.pdf Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):



Requirement ID Updated Date Status	Description
Restitution ordered vs. resitution received 5/29/2012 Proposed	<p>Would like to be able to enter whatever parameters I need (month, year, etc) for this report.</p> <p>TOTAL RESTITUTION ORDERED (SUM OF RESTITUTION ENTERED AS ORDERED) COMPARED WITH TOTAL RESTITUTION RECEIVED (SUM OF RESTITUTION ENTERED AS RECEIVED)—TOTAL RESTITUTION FIGURES.</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p> <p>MELISSA/RUTH - Would pull from restitution tab "Total Amount Ordered", "Total Received"</p>



Requirement ID Updated Date Status	Description
Restitution Payments by County 4/25/2012 Proposed	<p>List of amount and number of restitution payments received per county.</p> <p>TOTAL RESTITUTION ENTERED AS RECEIVED, ADD COUNTY FIELD WITH AUTOPOPULATE TO PULL FROM</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p> <p>MELISSA/RUTH - This is Report 25 that we have now. Crime Information Tab "county", Restitution tab "check type", "check number", "date", "amount", "offender". "Claim number" and "victim's name"</p>
Restitution Payments Ceased Before Payment Paid in Full 6/14/2012 Proposed	<p>MELISSA/RUTH</p> <p>Fields list in report:</p> <p>Calculated Fields:</p> <p>Criteria:</p> <p>Sort By:</p> <p>Group By:</p> <p>Group Totals (if applicable):</p> <p>Grand Total (if applicable):</p>



Requirement ID Updated Date Status	Description
Restitution Payments Made 4/25/2012 Proposed	List of restitution payments received. MELISSA/RUTH – Report #25 Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Report #29 Proposed 12/6/12	Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):



Requirement ID Updated Date Status	Description
Report #26 Proposed 12/6/12	Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Victims Served by Comp Advocate 4/25/2012 Proposed	Number of victims the advocate served (as reported by advocate) NEW VICTIMS SERVED Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable): Pull from Advocate database of new victims served NUMBER OF CALLS WITH EXISTING VICTIMS. Ability to enter number of calls with existing victims and pull report of number of calls.



Requirement ID Updated Date Status	Description
Application Letters Sent by Comp Advocate? 1/7/2013 Proposed	Report to allow the CA to have a listing of applications/letters sent out by the CA that have not applied yet. The CA usually follows up on this monthly. Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):
Total Loss/Total Compensable Loss Report 1/29/2013 Proposed	Report to provide the Total Loss on a claim compared to the Total Compensable Loss by Benefit Type. Date parameters need to be provided to allow for a date range to run the report. Fields list in report: Calculated Fields: Criteria: Sort By: Group By: Group Totals (if applicable): Grand Total (if applicable):

ADVOCATE MODULE LEVEL

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
Advocate Letters 10/5/2012 Proposed	Letter Catagories (drop down - ADV Advocate Letters) 1. Letters Listing 2. Check box with each letter name and description 3. Batch Printing option <ul style="list-style-type: none">• Checkbox with Begin Case Number and end Case Number Buttons: Preview, Print and Cancel• E-mail option to attach letter and send out.



Requirement ID Updated Date Status	Description
Advocate Edit 10/12/2012 Proposed	<p>GENERAL SECTION</p> <p>Field:</p> <ol style="list-style-type: none"> 1. Advocate Number 2. Referred By (drop down) 3. Related Claim # 4. Date Created 5. Follow Up (1st) - Drop down with date (mm/dd/yyyy) 6. Follow Up (2nd) - Drop down with date (mm/dd/yyyy) 7. Follow Up (3rd) - Drop down with date (mm/dd/yyyy) <p>ADVOCATE INFORMATION</p> <p><u>By Victim (Tab) - Personal Information</u></p> <ol style="list-style-type: none"> 1. Last Name 2. First Name 3. Middle Initial 4. Suffix 5. SSN 6. DOB 7. Gender (drop down) <p><u>By Victim (Tab) - Contact Information</u></p> <ol style="list-style-type: none"> 1. Street 1 2. Street 2 3. City/State/Zip (drop down) 4. County 5. Country <p><u>By Crime Detail (Tab)</u></p> <p>NEW - Upload option to allow CA to scan documents (media articles, obituary, law enforcement report, etc etc.) and upload at the advocate level.</p> <ol style="list-style-type: none"> 1. Crime Type (drop down) 2. Crime Summary 3. County 4. Defendant's First Name 5. Defendant's Last Name <p><u>By Notes (Tab)</u></p> <p>Advocate Notes (free form field)</p> <p>Advocate Services</p> <ol style="list-style-type: none"> a. Comp Assistance b. Crisis Counseling c. Criminal Justice Advocacy d. Information c. Referral d. Legal Adcocacy e. Medical Advocacy f. Mental Health Advocacy g. Other h. Personal Advocacy i. Transportation <p><u>PHONE:</u></p> <ol style="list-style-type: none"> 1. Add/delete phone information <p>phone_area_code phone_number phone_extension</p>



Requirement ID Updated Date Status	Description
Advocate Find 10/30/2012 Proposed	<p>Find Advocate by Claim or Date Find and Clear button to generate the search or clear search criteria.</p> <p>CLAIM: Fields values to search by:</p> <ol style="list-style-type: none"> 1. Claim # 2. Victim (Contact) <ol style="list-style-type: none"> a. Last Name b. First Name c. Middle Initial d. Suffix e. DOB f. SSN g. Address 1 h. Address 2 i. City/State/Zip <p>DATE: Format? List of Claims - Matched search criteria....</p> <ol style="list-style-type: none"> 1. Claim # 2. Created Date 3. Victim (Contact) 4. Click on claim and then have a button to 'Open' or 'Cancel' <p>ADVOCATE QUERY/FIND: System needs to allow the Advocate to perform a cross check find on which victims were sent or provided information that already have a claim #.</p>
Main Advocate Window 10/30/2012 Proposed	<p>Listing of contacts by:</p> <ol style="list-style-type: none"> 1. Advocate Number 2. Date Received 3. Victim (Contact) <p>The new system needs to have connectivity from the claim level to the advocate level of interface to see all information regardless of the user role, This also needs to be same from the advocate level to the claim level as well.</p>



VICTIM/SUPPORT STAFF INTERFACE

Requirement ID Updated Date Status	Description
Victim/Support Staff 10/26/2012 Proposed	<p>Victims will have an option to access the CVC Application Form on-line via the ENTAA registration and logon process indicated by a checkbox.</p> <p>Disclaimer: If a registration of an ENTAA account Id and password is not provided then the user will not be able to login on-line to verify eligibility determination status or view claim payments that have been requested and approved.</p> <ol style="list-style-type: none"> 1. Once logged in the interface will need allow Victim users to select, open, and save the CVC Application form. <ol style="list-style-type: none"> a. CVC Application – Includes release and subrogation agreement as part of the CVC application and provide a electronic signature. b. CVC application needs to support both English and Spanish versions. 2. Required values for submitting CVC Application Form - Victim Name, DOB, Location of Crime, Type of Crime, Address and if the victim is under 18 we'll need the same information for the claimant. This will need to be required before submitting the form. 3. The Save button will pull CVC Application into the new application from the online interface. 4. When logging back in on-line if the claims eligibility status is Pending or Denied the victim will not have access to see eligibility status. <ol style="list-style-type: none"> a. Eligibility status = 'Approved' is required before capability of viewing claim payment status is enabled.

ON-LINE CRIME VICTIM/ PROVIDER COMP. APPLICATION (CVC)

Requirement ID Updated Date Status	Description
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Requirement ID Updated Date Status	Description
OLA.01.04/16/2012 6/21/2012 Proposed	<p>On-Application with all the required fields/values needed to successfully submit an application on-line. See CVC Application for details: Primary CVC Applications on- line only. Allow for English and Spanish versions with the capability to adjust the font size/viewable for the on-line application.</p> <p>Functionality - When an on-line claim is submitted. The application needs to be put into a folder for review for submission. Once the on-line Application is reviewed for submission then CVC Staff will approve and the new claim record will be saved to the claims database.</p> <p>Systems needs to prompt the user for next steps with office hours and contact information.</p> <p>System needs to record application method to differentiate a support staff user from a victim user. This is needed for CVC on reporting. Method for application will be on-line for non-logged in users.</p> <p>System needs to record application method to differentiate between phone, mail, or faxed application for a logged in user. Application needs to store the user name and date/time.</p> <p>System needs to provide tool tip help for each entry field and a open text box to provide a question for submitting to CVC. These questions will require an e-mail address to be submitted and they'll be routed to the Compensation Advocates e-mail inbox to be addressed.</p> <p>System needs to provide an e-mail to all support staff/admin when an on-line application is submitted from the application. E-mail will contain:</p> <ul style="list-style-type: none"> • Subject <ul style="list-style-type: none"> a. New application has been submitted. • Homicide <ul style="list-style-type: none"> a. Set high priority flag b. Include homicide in subject line. • Non-Homicide <ul style="list-style-type: none"> b. No high priority flag



SERVICE PROVIDER INTERFACE

Requirement ID Updated Date Status	Description
Service Provider and Law Enforcement Interface 10/26/2012 Proposed	<p>Service Providers will need to have access to the ENTAA registration and logon.</p> <ol style="list-style-type: none"> 1. Once logged in the interface will need allow Service Provider users to select, open, and submit the forms noted below. <ol style="list-style-type: none"> a. Verification Forms by Provider Type: <ul style="list-style-type: none"> Medical Verification Form Mental Health Verification Form Dental Verification Form Funeral Verification Form Chiropractor Verification Form Homicide Survivor Verification Form b. Verification Form (Law Enforcement) 2. Application will need to allow service providers to upload supplemental documentation for the given claim #. Examples of documents noted below. Files types to support the upload: PDF, MS Word, and MS Excel. <ol style="list-style-type: none"> a. Victim Bills b. Medical Records c. W-9's d. Law Enforcement Report (Narrative) e. Misc. Supplemental Information 3. Claim # and Victim Name fields will be required to enter values - This will need to be required for entry before 'Submit' button is enabled. 4. The Submit button will need to pull in the forms into the new application from the online interface. 6. When the Service Provider or Law Enforcement user sends any of the above supplemental information noted in 2a, 2b and 2c the application will need to attach the uploaded information to the claim # and apply to the appropriate Que for the assigned Comp. Specialist based on the claim status. <ol style="list-style-type: none"> a. A new information flag will need to set to 'true' when a new attachment is uploaded. <ol style="list-style-type: none"> i. When Claim Status = Approved or Denied the new information will need to be applied to the 'Supplemental Information' Que. ii. When Claim Status = Pending the new information will need to be applied to the 'Pending' Que in bold font.



USER ROLES/PRIVILEGES

Requirement ID Updated Date Status	Description
Required – Current User Privileges in Claims Assistant	Claims Processing: 1. View Claims 2. Add/Create Claims 3. Edit/Update Claims 4. Review Eligibilities 5. Enter Receipts 6. Delete Claims 7. Change Claim Status Finance: 1. Calculate Payments 2. Approve Payments 3. Send Payment Order 4. Void Payments 5. Modify Payments 6. Modify Warrant # and Date Letters & Reports: 1. Print Letters 2. Print Reports 3. Build Letters 4. Add/Edit Reports
Accounting Clerk User Role 10/26/2012 Proposed	1. Access to Restitution Tab and screens 2. Access to Warrant Tab and screens 3. Access to Invoice Tab and screens 4. Access to all other areas of application in View Only mode.



Requirement ID Updated Date Status	Description
Admin User 5/23/2012 Proposed	Admin - User 1. Access CS Ques. This includes Supp Bills for existing claims. 2. Access QC Ques (same view as CS Queue) 3. Access to override the CS on a given Claim. 4. Access to assign user roles/privleges to staff. 5. Access to edit user roles/privleges to existing staff. 6. Access to add a new user and user roles to the application. 7. Ability to modify/edit Approved Payments 8. Ability to adjust other fields, list boxes to be determined 9. Set Comp. Specialist Claim Assignment Level Access to fields to add/edit values for list boxes: 1. Race 2. Crime Type 3. City 4. Decision Reasons (Eligibility/Determination) 5. Capability to edit application database letters. 6. Adding/Adjusting Benefit Caps 7. Adding Benefit Types. 8. Collateral Sources. 9. More to in planning phase of requirements. System Level: 1. Maintain Providers & Agencies 2. Add/Edit Drop Down items 3. Maintain upload and viewing access for information from Law Enforcement and Service Provider users. 4. Maintain upload and viewing access for victim applications and assigning claim numbers and victims.
Comp Specialist User 6/15/2012 Proposed	Compensation Specialist User: 1. Access to enter/edit a payment on a claim. 2. Access to edit claim information on a given claim. 4. Access to Letter Database. (add/edit will be controlled by Admin user.) 5. Access to Service Providers. (add/edit will be controlled by Admin user.)
Compensation Advocate User 10/18/2012 Proposed	Compensation Advocate User: 1. Access to enter/edit a payment on a claim. 2. Access to edit claim information on a given claim. 3. Access to Letter Database. (add/edit will be controlled by Admin user.) 4. Access to Service Providers. (add/edit will be controlled by Admin user.) 5. Access to all Advocate Level screens.
General User 5/23/2012 Proposed	General User - Intake (Data Entry) 1. Access to the Letter Database 2. Access to enter a claim (Intake) 3. Access to view all screens/views within the application.



Requirement ID Updated Date Status	Description
Law Enforcement User 10/30/2012 Proposed	See Law Enforcement Interface for details.
Letter Admin User 6/15/2012 Proposed	1. Access to edit application database letters templates only.
Quality Control User 5/24/2012 Proposed	Quality Control (Compensation Specialist – with additional rights) 1. Access to view a given CS Claim. 2. Access to edit a CS Claim. 3. Update Status to 'Reviewed' on a given CS Claim. (Eligibility) 4. Update a payment from 'Entered' to 'Approved' 5. Access to enter/edit a payment on a claim. 6. Access to Letter Database. (add/edit will be controlled by Admin user.) 7. Access to Service Providers. (add/edit will be controlled by Admin user.) NOTE - CS cannot approve their own claim or payment. Application needs to prompt the user to know it's not allowed if attempted
Restitution Coordinator User 10/26/2012 Proposed	1. Access to Restitution Tab and screens 2. Access to set reminder for X number of days on sending second defendant letter. 3. Access to set reminder for outstanding restitution requestes not orderer for all users. 4. Access to set reminder for restitution payments ordered, but not received. 5. Access to Warrant Tab and screens 6. Access to Invoice Tab and screens
Service Provider User 10/30/2012 Proposed	See Service Provider Interface for details.
Victim User 10/30/2012 Proposed	See Victim Interface for details. This is not a logged in user.
Registered Victim User 10/30/2012 Proposed	See Victim Interface for details. This user will have a registered account Id and password with ENTAA for logging into the application.



SCANNING/IMAGING

Requirement ID Updated Date Status	Description
SI.01.08/31/2012 8/31/2012 Proposed	1. New application needs to be compatible and support existing CVC scanner/imaging (papervision, DDR) and allow users to save scanned images to their shared L drive. New application needs to allow for users to have access to the scanned image at the claim level.

DATA MIGRATION

Requirement ID Updated Date Status	Description
DM.01.06/21/2012 6/21/2012 Proposed	1. New application needs to allow for pulling in current data from the existing Claims Assist. system. 2. Needs to be able to pull existing data from their L drive or network drive. 3. Need to allow for moving all prior scanned documents without having to re-attach them from on-site locations. From current to 2008 files.

ADDITIONAL REQUIREMENTS

Requirement ID Updated Date Status	Description
DM.01.10/31/2014	1. The ability to recreate, or merge these Claims Letters-Addition of R74-clerk subro, R75-clerk seizure, R77-Restitution to Rescind Order & R78-Restitution A Dubuque
DM.02.10/31/2014	1. New application needs to have the ability to track restitution ordered vs. restitution paid, per offender if there are multiple offenders (joint and several liability)
DM.03.10/31/2014	1. In the event a victim in one claim, is an offender who owes the CVC program restitution in a separate claim, the system needs to have the ability to interact with both claims, allowing for an offset of victim payments to apply against restitution owed.
DM.04.10/31/2014	1. The system needs to have the ability to enter and track offender, restitution payment plans by each offender, per claim, with flexibility for the admin/user to update frequency of payment plan.
DM.05.11/03/2014	1. The new system needs to be able to compare actual restitution payments to their individual payment plans and flag discrepancies, or delinquency.
DM.06.11/03/2014	1. New application needs the ability to generate letters (after review and potential edits by the user) to probation officers, clerks of courts, the offender, the victim, etc. depending on designated point of contact.
DM.07.11/03/2014	1. Ability to interface with the Attorney General's website, including accepting CVC applications from the AG website into the system.



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DM.08.11/03/2014	1. Ability for mental health providers to submit data online (resumes, curricula & vitae, licenses, etc.) and ability to maintain database of these records
DM.09.11/03/2014	1. Ability to scan mail directly into case files and have system automatically assign the date and Comp Specialists' name to document. Ability to interact with interoffice scanning equipment is necessary.