

<p style="text-align: center;">State of Vermont Agency of Human Services Department of Corrections</p>	<p>Title: Community Restitution Program</p>		<p>Page 1 of 14</p>
<p>Chapter Security and Supervision</p>	<p style="text-align: center;">#424.05</p>	<p>Supersedes: #424.05 <i>Operations Directive for the Community Restitution Program 12/01/1995</i></p>	
<p>Attachments, Forms & Companion Documents:</p> <ol style="list-style-type: none"> 1. Agreement to Participate in Community Restitution Program 2. Return on Mittimus Request Form 3. Cancel Return to Custody on Mittimus Form 4. Proof of Loss Accident Claim Form 5. Community Work Service Medical Insurance Process 			
<p>Local Procedure(s) Required: No Applicability: All staff (including volunteers and contractors) Security Level: "B"- Anyone may have access to this document.</p>			
<p>Approved:</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%; border-top: 1px solid black; text-align: center;"> <p>Andrew A. Pallito, Commissioner</p> </div> <div style="width: 20%; text-align: center;"> <p><u>April 21, 2011</u> Date Signed</p> </div> <div style="width: 20%; text-align: center;"> <p><u>June 1, 2011</u> Date Effective</p> </div> <div style="width: 30%;"></div> </div>			

PURPOSE

The purpose of this administrative directive is to provide guidelines for the operation of the Vermont Department of Corrections' Community Restitution Program, an intermediate sanctions program for offenders offered under Pre-approved Furlough (PAF) and SCS.

POLICY

The policy of the Department of Corrections is to offer offenders sentenced to the Community Restitution Program (CRP) the opportunity to successfully make amends to the community for their crime through structured work contracted with municipalities, state agencies, and local non-profit agencies. The desired outcome is for all offenders to successfully complete their assigned CRP duties.

AUTHORITY

28 V.S.A. §808(7).

REFERENCE

Policy 424/APA Rule 94-67 Supervised Community Sentence, Administrative Directives #371.01 Americans with Disabilities Act, #371.18 Sentence Computations, #392.02 Fees for Community Service Work, #409.03 DNA Sample Collection, #410.02 Violations of FR/CR/PAF. Policy #398/APA Rule #97-18 Offender Work Programs for the Public Good. DOC Sentence Computation Manual. Commissioner Memo Re: Change Impacting Community Restitution Program ROM, April 2011.

DEFINITIONS

Community Service Teams: A group of offenders on community-based sanctions, working as part of the Community Restitution Program, supervised by a trained DOC team leader (CSTL). Offenders (who work without pay) participate on the service team as a way of making amends to the community for their criminal conduct.

Community Service Team Leader (CSTL): A Department of Corrections employee who supervises offenders assigned to the Community Restitution Program.

Holding Station: The law enforcement agency for each county which holds a paper copy of all: 1) inactive criminal arrest warrants issued by the county's district court; 2) active return-to-custody-on-mittimus requests issued for defendants in the custody of the Department of Corrections who have been reported missing or on escape status from the county; 3) Governor's warrants for defendants residing in the county; and 4) other criminal arrest warrants issued by other lawful authorities.

Pre-approved Furlough (PAF): The legal status in which an inmate is sentenced to serve a term of imprisonment, but is placed by a court on furlough to participate in such programs administered by the Department that reduce the offender's risk to reoffend.

Return on Mittimus (ROM): A notice to law enforcement agencies, issued by the Vermont Department of Corrections, to arrest a furlougee who is missing from supervision.

Supervised Community Sentence (SCS): A court-imposed sentence of incarceration to be served in a community setting subject to the rules of the Commissioner of Corrections. These offenders are under the jurisdiction of the Parole Board.

PROCEDURAL GUIDELINES

Offenders in the Community Restitution Program (CRP) serve their sentence by performing unpaid work service of value to the community. The goals of this program are to provide to the courts an alternative to incarceration, divert offenders from under sixty (60) day sentences, and offer the offender the opportunity to repair the harm to the community through structured community work service. The Department recovers the operational costs of the program through fees charged to organizations receiving the benefit of the program's work, according to the schedule in administrative directive #392.02, *Fees for Community Service Work*.

Offender work is supervised either by Department Community Service Team Leaders (CSTLs) or at agency-supervised work sites. If there is space available, other offenders under supervision, but not sentenced to the CRP, may participate in the CRP (e.g., as a graduated sanction).

The CRP is offered at designated Probation and Parole Offices where CSTLs are available to operate the program. The Community Service Teams perform work within the range of their capabilities, with staff matching offender skills with appropriate jobs as much as possible.

1. Eligibility Criteria

To be eligible for the CRP an offender must:

- a. Agree to participate in the program and follow the program rules (see *Attachment 1*);

- b. Have no more than sixty (60) court-ordered work days on a court mittimus requiring participation in the CRP during the hours of operation, on a schedule determined by the Department; (All PAF mittimi must place the offender on furlough only during the hours of operation of the program.)
- c. Agree to a schedule for completion of the court-ordered work days.

2. Intake Process

Each Probation & Parole office will complete an intake for each CRP offender that consists of *at least* the following:

- a. The offender agrees to abide by the conditions of the Pre-approved Furlough Agreement for the CRP by signing the *Agreement to Participate in the Community Restitution Program (Attachment 1)*;
- b. The offender agrees to participate in the CRP for the number of days ordered by the court, by signing an agreed-upon schedule as generated by the booking schedule ID program. Staff will give a copy of the schedule to the offender.
- c. Program staff have sole authority over the creation of the offender work schedule, within the limits determined by the court, and will develop the schedule taking the following factors into consideration:
 - i. The offender's employment or education schedule, or other necessary appointments;
 - ii. The program's needs in fulfilling community work requirements;
 - iii. The capacity of the program (number of offenders) on each day of operation;
 - iv. Completing the offender's work service obligation as quickly as possible.
 - v. An evaluation of the offender's record and risk (victim issues, etc.).
- d. Completion of an ID face sheet if not done as part of a probation intake;
- e. Completion of any ADA requirements in accordance with administrative directive #371.01 *Americans with Disabilities Act - Facilities and Field*;
- f. Staff review and have offender sign *Offender/Inmate Notice of Right to Grieve (Attachment 1, #320.01)*;
- g. Staff review if offender has any DNA requirements in accordance with administrative directive #409.03 *DNA Sample Collection*.

3. Documentation and Accounting for Number of Days Served

- a. Staff must enter the offender's CRP work schedule into the Department's booking schedule ID program, reflecting the number of days ordered on the court mittimus, minus any credit for time served on the dockets(s) for Community Restitution. The offender will not be released from the court obligation until all the required days have been served.
- b. The CRP supervisor or manager will ensure that staff maintain a record indicating where an offender worked on each day.

- c. Administrative staff trained in calculating sentence computations will complete a sentence computation on all sentenced CRP offenders according to the sentence computation directive and sentence computation manual. Staff will keep a copy of the *Credit Worksheet* and *Sentence Calculation Notification* in the CRP file.
- d. Staff must book each offender in and out of the Department's booking system each day the offender works on the CRP, to account for the days served, by utilizing the booking schedule ID program.
- e. In cases in which the offender is on furlough and receives a new sentence with a number of days to serve on the CRP, completion of the CRP obligation will become a condition of the existing furlough. The offender will be held accountable for the new CRP sentence to the extent of the new mittimus obligation, minus credit for time served. These offenders will be entered into the booking schedule ID program at the site in which the CRP is conducted, and booked in and out to account for days worked. The work service day must be completed before the expiration of the furlough maximum release date.
- f. A CRP sentence may be transferred to another P&P office if it meets the needs of the Department or if remaining in the current office presents a hardship to the offender. A CRP sentence is not transferable to another State under the Interstate Commission for Adult Offender Supervision

4. Work Service Data and Billing Information

All community work service data will be entered into the Department work service database. Staff must complete data entry for all work performed by offenders assigned to the CRP by the first business day of the month for the previous month. It is preferable to enter work service daily.

Any billing disputes will be resolved by the local manager.

5. Contract Development and Work Assignment

The local manager/supervisor of the CRP will oversee the development of work contracts in accordance with Department administrative directive #392.02, *Fees for Community Service Work*. The CRP may only work for state and municipal government agencies, and other tax-exempt non-profit organizations.

- a. The number of offenders assigned to a CRP job placement will be determined by the nature of the project and the ability of the CSTL or agency to provide for task supervision.
- b. The local site manager or the supervisor who manages the CRP will ensure, to the best of their ability, that each work contract obligation is met each day. Paying contracts should generally take priority over non-paying contracts.
- c. Before assigning offenders to work service, Department staff must assess the offender's ability to perform the tasks and use any equipment required. This will include general labor and use of equipment, such as lawn mowers, chemicals, such as paint or gasoline. Staff will orient the offender to the safe operation of any equipment they will use.
- d. Transportation of offenders in a DOC vehicle will not exceed, in number, the vehicle rating or the number of seat belts available for use. Staff transporting offenders in a State vehicle must require offenders to wear a seatbelt.

e. Agency-supervised Sites

Offenders may work at an agency-supervised site provided that:

- i. The agency is willing and able to provide task supervision of the offenders assigned to the site;
- ii. The Probation & Parole office provides the agency with contact information for routine and emergency situations;
- iii. The agency is willing to contact the Department about any problems caused by the offenders working at the site, including leaving the work site without permission;
- iv. The agency is willing to report any injuries incurred by an offender in the CRP to the Department;
- v. The CSTL chooses work crew members who, in the CSTL's judgment, can work without direct Department supervision.

6. CRP Failures and Returns on Mittimus (ROMs)

If an offender is absent from scheduled work service, staff may issue a *Return on Mittimus* (see *Attachment 2*), a notice to law enforcement agencies to arrest the offender, after following these guidelines.

- a. Unexcused absences for CRP sentences. For offenders who fail to report as scheduled for the CRP, each field office will, at a minimum:
 - i. Notify the offender of a first missed day, and warn them that subsequent unexcused absences may result in a Return on Mittimus;
 - ii. Provide the offender a new schedule with the make-up day for an absence, if appropriate;
 - iii. Issue a ROM for repeated absences;
 - iv. Decide if a doctor's note is required if the offender calls in sick, at the discretion of the CRP supervisor;
 - v. Require documentation of all absences in DOC electronic case notes.
- b. CRP Failures and Return on Mittimus

The Return on Mittimus process consists of the following:

 - i. Staff will complete the *Return on Mittimus Request Form (Attachment 2)* indicating the number of days *remaining* to be served;
 - ii. Staff will attach a copy of the mittimus to the *Return on Mittimus Request Form* and send both to the local holding station in the county from which the offender is missing;
 - iii. Staff will enter an electronic case note, documenting the reasons for the ROM;
 - iv. The District Manager or CRP Supervisor must approve the ROM before it is filed with the local holding station.
- c. Return to Correctional Facility

The following process will be utilized in responding to offenders sentenced to the Community Restitution Program who have a "work crew" failure and have been returned to a correctional facility.

 - i. Within four (4) business days of their return to jail (day one being the first full business day after the return), the offender will be provided with an administrative due process hearing per directive 410.02 *Violations of FR, CR, PAF*.
 - ii. At any point *prior to* the hearing a returned offender may be offered a graduated sanction in the following manner:
 - o 1st return - up to 5 days to serve (credit for time served mandatory)

- 2nd return - up to 10 days to serve (credit for time served mandatory)
(Rejecting a graduated sanction will result in a due process hearing.)
- iii. A 3rd return will result in a due process hearing without the offer of a graduated sanction. In the case of a finding of guilt, a local case staffing will determine whether to revoke furlough.
- iv. In all cases, a finding of *not guilty* through a due process hearing will result in the immediate release of the offender. The Hearing Officer will direct the offender to report to the Probation & Parole Office on the next business day to schedule the remainder of their Community Restitution sentence.
- v. If the offender maxes out his work service sentence before four (4) business days, there is no need for the administrative due process hearing to be held.
- vi. If the offender is returned to the community before four (4) business days, there is no need for the administrative due process hearing to be held.

d. Withdrawal of Return on Mittimus Request after it is filed at the holding station

The CRP Supervisor or designee must notify the holding station immediately if:

- i. The offender is apprehended by DOC, or the ROM is served by DOC because of an unrelated lodging;
- ii. The ROM is withdrawn because the offender was rescheduled for work;
- iii. On a split sentence, the original charge on which CRP was ordered is violated and the offender is ordered to serve the original sentence.

In all cases staff must send the holding station a *Cancel Return on Mittimus Request Form (Attachment 3)*, retain a copy for the offender's file, and enter an electronic case note.

e. ROM File Maintenance

- i. All files with ROMs must be maintained in a separate P&P office file drawer.
- ii. CRP staff must review ROM files monthly with the local holding station to confirm which warrants are still active, and establish a process to ensure notice of execution of the ROM.

7. Community Restitution Program Injuries

- a. Offenders working in the CRP are covered by a secondary State insurance plan that covers medical expenses resulting from on-the-job injury in the event the offender does not have health insurance; it covers deductibles and co-pays.
- b. In addition to a working cell phone and a first aid kit, CSTLs must have immediate access to:
 - i. *Proof of Loss Accident Claim Form (Attachment 4)*, and
 - ii. *Community Work Service Medical Insurance Process instructions (Attachment 5)*.
- c. CSTLs must receive and pass annual training in first aid and CPR.
- d. If an offender has a medical emergency while working on the CRP, and is supervised by a CSTL, the following apply:
 - i. If it is a medical emergency, the CSTL must immediately call 911 and apply first aid to the best of their ability, if appropriate. The CSTL must then notify the District Manager or CRP Supervisor.
 - ii. If the injury is minor, the CSTL must evaluate, with the offender, if the person should continue working that day.

- iii. The CSTL must document any injury in an electronic case note by the end of the next business day. The note must include:
 - a) A description of what the offender was doing at the time of the accident, and
 - b) A description of the nature of the injury.

- e. The CSTL must give any injured offender requiring medical attention, a medical insurance *Proof of Loss Accident Claim Form* with instructions on how to fill it out, and request that it is returned to the Probation & Parole office within five (5) business days.

TRAINING

Administrative staff members that complete sentence computations, CSTLs, and their supervisors will be trained in this administrative directive by the Department.

QUALITY ASSURANCE

1. The District Manager and CRP supervisors are responsible for developing local quality assurance processes to ensure that the procedures in this directive are consistently followed and that records are maintained as indicated.
2. At least quarterly, each District Manager or designee will review Community Work Service reports to determine:
 - a. The number of offenders participating in CRP;
 - b. The number of service crew days worked in the month;
 - c. The percentage of service crew days that is provided free of charge to the community;
 - d. The amount of revenue generated by the CRP; and
 - e. That operating expenditures are within allocation.
3. Each District Manager is responsible for providing an analysis of CRP statistics and revenue to the Central Business Office and the Field Services Executive during quarterly budget reviews, including the “free work” provided, and revenues generated.
4. The Department will report annually on costs recovered from the program in the Department’s *Facts and Figures*.
5. Quality Management staff are responsible for providing technical assistance as requested by local and central managers.
6. There will be a quarterly review of PAF-WC headcount to assess for accuracy.

ATTACHMENT 1 - SAMPLE

VT DEPARTMENT OF CORRECTIONS

(Insert local office)

AGREEMENT TO PARTICIPATE IN COMMUNITY RESTITUTION PROGRAM

The main purpose of the Community Restitution Program is to provide me with the opportunity to repay the community for my criminal conduct by participating in work service that adds value to the community. The sentence is served in the community in lieu of serving a sentence in jail. I agree to participate fully on the community work service team, which means that I am both willing and able. This will include up to eight hours of work for the number of days specified on the mittimus ordered by the court. Additionally, I agree that I must satisfy the following conditions:

Offender Name and Date of Birth: _____

- 1. I will report to the (name of site and address) P&P office by (time) a.m. on the days specified on the schedule to perform my community work service as determined by the Department of Corrections.
2. I will notify the community service team leader (CSTL) of any medical conditions I have. If there is a medical condition that limits my ability to perform community work service, I will get a note from my medical provider at my own expense explaining what my limitations are.
3. I will not be under the influence of alcohol and/or drugs when reporting for community work service. I will be subject to an alco-sensor test or a urinalysis as directed by DOC staff.
4. I will cooperate and follow the directions of the CSTL or agency supervisor where I am placed.
5. While waiting for the work crew to depart, I shall wait in the work crew waiting area and not leave the area unless given permission to do so by the CSTL.
6. I will dress appropriately for weather conditions. No sandals may be worn.
7. I am responsible for my own food and drink and may bring a thermos, backpack, and/or small cooler, which may be searched. No alcoholic beverages of any kind are allowed.
8. I understand that I am required to work the full scheduled day and may not leave my designated work site without permission of the CSTL or the agency supervisor. I also am not permitted to have visitors at any site.
9. If I am injured while on a community service team, I need to report my injury to the CSTL or agency supervisor immediately.
10. Guns, knives, explosives or weapons of any kind are not permitted.
11. Cell phones, headphones, or pagers must not be worn or turned on without the permission of the CSTL.
12. I will be transported to the job site by the DOC, and will wear a seat belt while in the state vehicle. I will not drive to the job site unless given permission to drive by the CSTL.
13. I will submit to fingerprinting and/or photographing as directed by Corrections' staff.
14. I will not miss my community service because of sickness, unless hospitalized or under the direction of a medical provider. I understand that I am responsible for providing Corrections' staff with a copy of a medical provider's note at my own expense.
15. I understand that if I leave the custody or jurisdiction of the Department of Corrections or fail to report as directed, my furlough may be revoked and I will serve the remainder of the court sentence in a facility and may be charged with the crime of escape.

I have read or have had the above conditions explained to me and fully understand them, and I agree to abide by them. I understand I am volunteering for this program and sign this agreement of my own free will. I understand that if I do not complete my community service sentence to the satisfaction of the community service team leader I may be incarcerated for the remainder of my sentence.

Offender Signature _____

Date _____

Staff Signature _____

Date _____

Cc: Offender

Rev. April 2011

ATTACHMENT 2 - SAMPLE

RETURN ON MITTIMUS REQUEST FORM

INSTRUCTIONS TO HOLDING STATION:

This *Return on Mittimus Request* is being made pursuant to the Department of Public Safety Warrant Policy, Section 10, which authorizes the entry into the Statewide Warrant Database of defendants in the custody of the Department of Corrections who are on escape/missing status from a community placement . A mittimus is on file with the Department of Corrections for this defendant. A copy of the mittimus is attached to this form. As such, this *Return On Mittimus Request* is the equivalent of a Vermont Arrest Warrant and should be entered without delay into the Statewide Warrant Database using VLETS Form 254. Enter the *Return on Mittimus Request* in the same manner that any warrant would be entered. However, the following fields should be entered using this format:

- OFF/ ESCAPE
- CRT/ DOC
- DKT/ NA
- ORI/ DOC

INSTRUCTIONS TO ARRESTING OFFICER

If in response to a query to the State Warrant Database, a law enforcement officer determines that a *Return To Custody On Mittimus Request* has been issued for a defendant and the *Return To Custody On Mittimus Request* is still active, the law enforcement officer shall take the subject into custody as if a warrant had been issued for the subject's arrest.

TO: _____
(Holding Station)

FROM: _____ Telephone #: _____
(Department of Corrections Office)

The following subject is on escape/missing status from a Department of Corrections community placement:

Name: _____
(Last) (First) (Middle)

DOB: _____ / _____ / _____
(Year) (Month) (Day)

The escape occurred from: (County) _____

Department of Corrections' staff member making request:

(Print Name) (Signature) (Date and Time of Request)

Note: This request will not be processed by the holding station unless a copy of the defendant's mittimus is attached.

ATTACHMENT 3 - SAMPLE

CANCEL RETURN TO CUSTODY ON MITTIMUS REQUEST

TO: _____
(Holding Station)

FROM: _____ Telephone #: _____
(Department of Corrections Office)

The *Return on Mittimus Request Form*, which was previously filed with your agency for the following subject, should be cancelled and withdrawn from the State Warrant Database.

The escape occurred from: (County) _____

Offender Name: _____
(last) (first) (middle)

DOB: _____

Reason for Cancellation: _____

Department of Corrections staff member making request:

(Print Name) (Signature) (Date and Time of Request)

ATTACHMENT 4 - SAMPLE

QBE Insurance Corporation



Proof of Loss Accident Claim Form

Mail/Fax/Scan to	CIMA	Phone	Toll free
	2750 Killarney Drive, Suite 202	703.739.9300	800.468.4200
	Woodbridge, VA 22192-4124	Fax	E-mail
		703.739.0761	volunteers@cimaworld.com

Claims administered by	Preferred Care, Inc. Fort Washington, PA
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Check one	<input type="checkbox"/> CNS/RSVP (MHH010302)	<input type="checkbox"/> CNS/SCP	<input type="checkbox"/> CNS/FGP
	<input type="checkbox"/> VIS (MHH010303)	<input checked="" type="checkbox"/> CRASVP (MHH010304)	<input type="checkbox"/> WRVP (MHH010305)

Caution Any person who, knowingly and with intent to defraud, or help commit fraud against any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits or may be committing a fraudulent insurance act, which is a crime and subjects such person to criminal and/or civil penalties. Residents of the following states please see reverse side:
California, Colorado, District of Columbia, Florida, New York, Tennessee, Texas and Virginia.

Instructions The policy is Full Excess only. Eligible covered expenses will be determined after benefits have been paid by other valid and collectible insurance. You must submit your claim to your other insurance company. When you receive their Benefits Statements (Explanation of Benefits or EOB) send it to us along with itemized bills.

- **Part I** – Must be completed by the Sponsoring Organization.
- **Part II** – Must be completed by the Volunteer/Patient.
- Send copies of itemized bills showing provider's name, address, tax ID number, diagnosis and procedure codes.
- Attach Explanation of Benefits, additional bills with record of payment or denial from primary insurance carrier, including any Medicare payment records.

Part I – Sponsoring Organization Report	Name of Sponsoring Organization		Sponsoring Organization code		
	VERMONT DEPARTMENT OF CORRECTIONS		VTWAT1		
	Address		City	State	Zip code
	103 S.Main Street, Waterbury, VT		05671-1001		
	Sponsoring Organization contact		Phone		802-241-1475
	Financial Specialist		802-241-1472		
Email		Phone	Fax		
susan.carminati@ahs.state.vt.us					
Last name of Volunteer	First name of Volunteer	Social security number	Date of birth	Sex	
				<input type="checkbox"/> M <input type="checkbox"/> F	

Nature of injury (describe fully, indicating what part of body was injured – e.g. broken arm, sprained ankle, etc.)
Must be a bodily injury due to accident

Describe how the accident occurred – provide all details and attach a separate sheet if necessary

Describe activity Volunteer was engaged in at the time of accident

Date of accident	Place of accident	Time of accident	First treatment date
		<input type="checkbox"/> AM <input type="checkbox"/> PM	

Name and title of person supervising volunteer activity	List anyone present at the time of the accident	Was he or she a witness?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate to whom payments are to be made
PROVIDER

Signature of authorized Sponsoring Organization's representative	Title	Date
X		

Part II – to be completed by Volunteer	Address of Volunteer	City	State	Zip code
	Telephone number	Email address		
	Does Volunteer have health insurance other than Medicare? If yes, please identify		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is Volunteer covered by			
	Medicare – Part A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare – Part B?
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Note	Please attach bills and/or Medicare Explanation of Benefits			
	Without a complete answer to these questions, your claim cannot be processed			
	Is the Volunteer enrolled in, a member of, or a participant of any of the following as an individual, employee or dependent? If so, please provide a copy of insurance card (front and back).			
	Preferred Provider Organization (PPO) or similar prepaid health plan If yes, name of PPO or Organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Health Maintenance Organization (HMO) or similar prepaid health plan If yes, name of HMO or Organization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Affidavit	I verify that the statement on other insurance is accurate and complete. I understand that the intentional furnishing of incorrect information via the U.S. Mail may be fraudulent and violate federal laws as well as state laws. I agree that if it is determined at a later date that there are other insurances benefits collectible on this claim I will reimburse the Company to the extent for which the Company would not have been liable.				
Authorization to release information	I authorize any Health Care Provider, Doctor, Medical Professional, Medical Facility, Insurance Company, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information concerning the patient, to any QBE company, its employees, and authorized agents for the purpose of validation and determining benefits payable. I further authorize any QBE company to furnish the Policyholder or its agents, any and all information with respect to my insurance claim for the purpose of assisting with claims adjudication. This data may be extracted for audit or statistical purposes. I understand that I have the right to revoke this authorization in writing at any time and that such a revocation is not effective to the extent that such authorization has already been relied upon.				
Payment authorization	I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices, unless otherwise specified above.				
	<table border="0"> <tr> <td>Volunteer's signature</td> <td>Date</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	Volunteer's signature	Date	X	
Volunteer's signature	Date				
X					

- California and Texas residents** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in a state prison.
- Colorado residents** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or awarded payable from insurance proceeds shall be reported to the Colorado division of insurances within the department of regulatory agencies.
- District of Columbia residents** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida residents** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- New York residents** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Tennessee residents** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- Virginia residents** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

ATTACHMENT 5 - SAMPLE**COMMUNITY WORK SERVICE MEDICAL INSURANCE PROCESS**

This insurance is for Secondary Coverage Only; for example, deductibles, co-pay, and other expenses not covered by the offender's primary insurance.

This is **not** Worker's Compensation Insurance.

VOWP will complete Part I of the Proof of Loss Accident Claim Form, Sponsoring Organization Report.

If the offender refuses treatment for an injury, ask the offender to sign a *Refusal of Treatment* form.

PROCESS:

1. The offender must completely fill out and sign Part II of the *Proof of Loss Claim Form* (revised April 2011) including name of Attending Physician, and a description of the accident. Incomplete forms cannot be processed. The offender must return the completed form to the P&P office within five (5) business days from the accident.
2. P&P submits the original, completed insurance claim form to VOWP within seven (7) business days, using the updated QBE form. Only the last 4 digits of the offender's social security number are required. Note that the CRASVP box is always checked.
3. P&P submits an incident report to VOWP with the insurance claim form.
4. VOWP submits the completed insurance claim form to CIMA within 60 days. It is critical to get the form to CIMA to register the accident; medical bills may be sent later. If the claim is older than 60 days, then CIMA does not have to submit the bill for payment.
5. The claim form submitted to CIMA does not need the original offender signature and it does not need to be the original of the form. It can be faxed to CIMA. A file is made and kept at VOWP.
6. If bills come to P&P, they must be sent to VOWP.
7. VOWP will submit bills with a copy of the claim form to CIMA unless bills have already been submitted.
8. CIMA will pay or deny and send information to VOWP.
9. Checks are submitted directly to the health care provider. Be sure "PROVIDER" is already on the form on Part I. above the signature line.

Reporting an Excess Accidental Bodily Injury to Your Volunteer (from CIMA)

Excess Accident Medical coverage applies while the volunteer is traveling directly to and from, and while participating in, volunteer assignments.

When a claim is reported to CIMA, CIMA uploads the claims to Preferred Care, Inc., the third party administrator for the claims, for review and processing. If the organization has sent in all the paperwork required to process the claim, the volunteer can expect payment within 45-60 days. This payment time can be longer, if Preferred Care does not have everything they need to process the claim.

Please let your volunteers know that they may receive correspondence from Preferred Care regarding their claim. If Preferred Care requires additional information to process the claim, they will notify the volunteer directly.

We encourage you to send in the proof of loss form, as soon as you receive notice that an injury to a volunteer has occurred, so the claim can be registered with Preferred Care. Please do not wait until you have all the bills from the injured volunteer, as this could take three or four months.

There is a 52-week coverage period for claims from the date the volunteer was injured. If the volunteer has Medicare, Humana, or other primary insurance, the claim must be submitted to the volunteer's primary insurance carrier concurrent with filing the volunteer insurance claim. If the volunteer has no other primary insurance, this coverage becomes primary.

Once the volunteer's primary insurance has paid, Preferred Care will need EOBs (Explanation of Benefits) from primary carrier and itemized statements showing procedure codes from medical providers. Any paperwork (bills) associated with your volunteer's claim can be faxed directly to Joan Wankmiller at jwankmiller@cimaworld.com or Vicki Brooks at vbrooks@cimaworld.com. You can fax all paperwork to us at 703.739.0761. **Original copies are not required.**