

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



Questions? Send an email to
ascc.new.claims@arkansas.go

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

CLAIM FORM

- 1. Claimant.** If a claim involves more than one claimant, additional pages may be attached with the other claimant name(s) and contact information.

University of Arkansas for Medical Sciences

(title) last name/compan first name (email)

4301 W. Markham, Slot 860

(address)

Little Rock

AR

72201-

(city)

(state)

(zip)

(primary phone)

- 2. Claimant's Legal Counsel.** An individual claimant may act as his or her own attorney (which is known as proceeding pro se). Please review Ark. Code Ann. § 19-10-222 for information about when a business entity may file a pro se claim. If a claimant is proceeding pro se, this section may be left blank.

Robinson

Sherri

SLRobinson@uams.edu

(title)

(last name)

(first name)

(email)

(address)

AR bar number

AR

(501) 686-7964

(city)

(state)

(zip)

(primary phone)

- 3. State Agency Involved.** The Commission can only receive claims against agencies of the State of Arkansas. Please review the Commission's jurisdictional statutes, including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission.

Arkansas Department of Human Services

- 4. Incident Date** _____

- 5. Location of Incident** _____

- 6. CHECK HERE if this claim involves damage to a motor vehicle.** ☐

- 7. CHECK HERE if this claim involves damage to property other than a motor vehicle.** ☐

- 8. Explanation of Incident** Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form.

The University of Arkansas for Medical Sciences (UAMS) was awarded a sub-grant from the Department Human Services (DHS) to develop programs to disburse Naloxone to overdose survivors/families at the point of hospital discharge along with educational instructions on treatment and recovery information. Under the sub-grant UAMS would invoice DHS for the agreed upon expenses. DHS has not paid invoices for costs from October 2021 to February 2022. The costs are represented in 2 invoices - Inv. No. [REDACTED] for \$89,398.59 which covers Oct. '21 to Jan. '22 and Inv. No. [REDACTED] for \$26,241.30 which covers February '22. DHS has advised UAMS to file with the Claims Commission.

- 9. Insurance Coverage.** For a claim involving damage to a vehicle or other property, you must submit a copy of your insurance declarations in effect at the time of the incident. This is not the same as an insurance card. You can obtain a copy of your insurance declarations from your insurer or insurance agent. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have insurance covering the damaged property or motor vehicle at the time of incident, CHECK HERE** ☐

10. Additional Required Documents for Property Damage Claim

You must submit (1) invoice(s) documenting the repair costs, (2) three estimates for repair, OR (3) an explanation why this documentation cannot be provided.

11. If a state vehicle was involved, please provide the following information

(type of state vehicle involved)	(license number)	(driver)
----------------------------------	------------------	----------

- 12. If your claim involves personal injuries, please CHECK HERE** ☐

- 13. Health insurance coverage.** All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have health insurance on the date of the incident, CLICK HERE** ☐

- 14. Amount of Damages, if known:** \$115,639.89
-

IMPORTANT!

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission rules and a non-exhaustive list of statutes that relate to the Commission can be found on the Commission website (arclaimscommission.arkansas.gov). The Arkansas Rules of Civil Procedure can be found online (arcourts.gov) under "Info Resources."

STOP!

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate signature page.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the ___ day of _____, 20___, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public

[seal of office]

My Commission Expires: _____

Arkansas
State Claims Commission

AUG 10 2024

RECEIVED



Sherri L. Robinson
Sr. Associate General Counsel
Tel.: 501-686-7608
Fax: 501-686-7736

Office of General Counsel
4301 West Markham Street, #860
Little Rock, AR 72205-7199
SLRobinson@uams.edu

August 8, 2024

Arkansas State Claims Commission
101 East Capitol, Suite 410
Little Rock, AR 72201

Re: New claim filed by University of Arkansas for Medical Sciences

Dear Directory Irby:

Enclosed please find the signature page and invoices to support the above referenced claim which was submitted online on August 1, 2024.

Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sherri L. Robinson", is written over a horizontal line.

Sherri L. Robinson
Sr. Associate General Counsel

Arkansas
State Claims Commission

AUG 10 2024

RECEIVED

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823KATHRYN IRBY
DIRECTOR101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823CLAIM SUBMISSION SIGNATURE PAGE

The undersigned attorney certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Sherri L. Robinson

Attorney Name (must be printed legibly)

Sherri L. Robinson

Attorney Signature

AcknowledgementState of ArkansasCounty of Pulaski

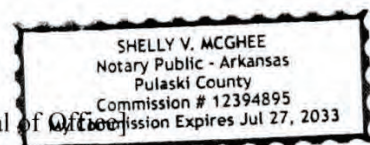
On this the 8 day of Aug, 2024, before me, the undersigned notary, personally appeared Sherri Robinson known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

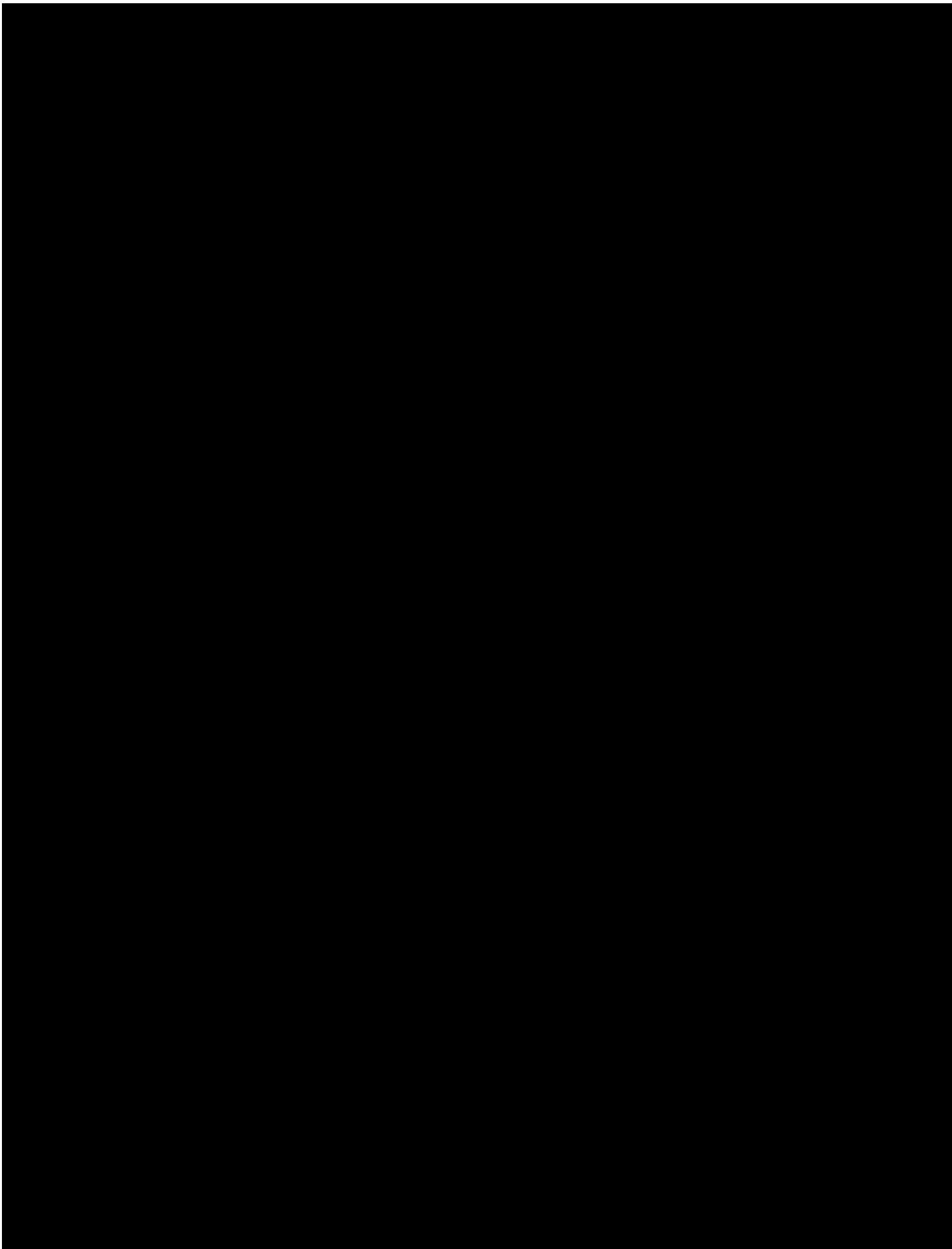
In witness whereof I hereunto set my hand and official seal.

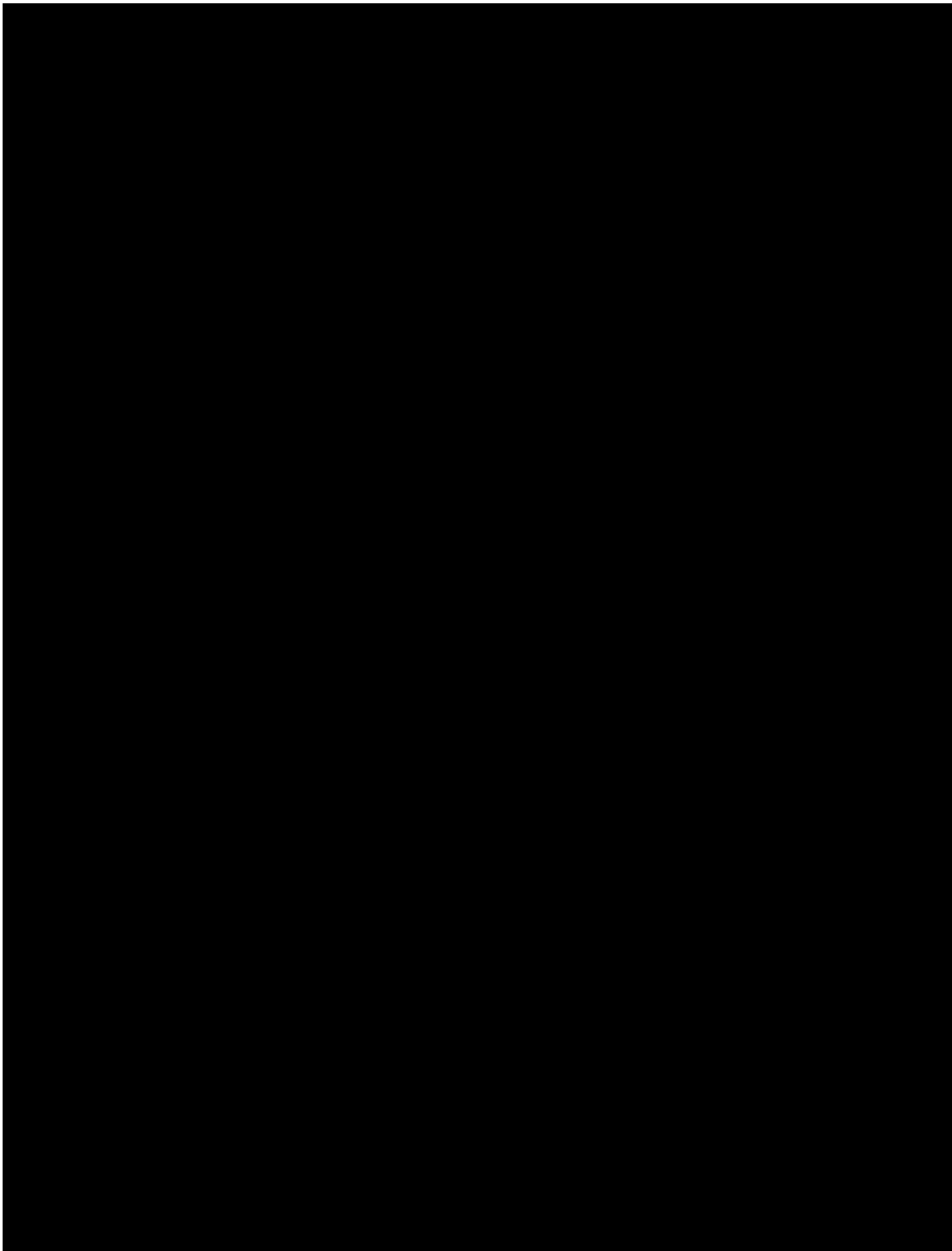
Shelly V. McGhee

Signature of Notary Public

[Seal of Office]

My Commission expires: 7-27-23





From: [ASCC New Claims](#)
To: [Jim Brader; OCC Claims Commission Cases](#)
Cc: [Kathryn Irby](#)
Subject: CLAIM: University of Arkansas for Medical Sciences v. DHS, Claim No. 250154
Date: Thursday, August 29, 2024 1:03:00 PM
Attachments: [University of Arkansas for Medical Sciences vs DHS agency ltr.pdf](#)
[University of Arkansas for Medical Sciences Elct Claim Form - 250154.pdf](#)
[University of Arkansas for Medical Sciences Signature Page and Supporting Docs - 250154.pdf](#)

Please see attached. Contact Kathryn Irby with any questions.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

August 29, 2024

Mr. Jim Brader
Arkansas Department of Human Services
700 Main Street, Slot S260
Little Rock, Arkansas 72203

(via email)

RE: *University of Arkansas for Medical Sciences v. Arkansas Department of Human Services*
Claim No. 250154

Dear Mr. Brader,

Enclosed please find a copy of the above-styled claim filed against the Arkansas Department of Human Services. Pursuant to the Arkansas Rules of Civil Procedure, as well as Claims Commission Rule 2.2, you have **thirty days from the date of service** in which to file a responsive pleading.

Your responsive pleading should include your agency number, fund code, appropriation code, and activity/section/unit/element that this claim should be charged against, if liability is admitted, or if the Claims Commission approves this claim for payment. This information is necessary even if your agency denies liability.

Sincerely,

Kathryn Irby

ES: cmcdaniel

cc: Sherri Robinson, *counsel for Claimant* (w/o encl.) (via email)

From: [ASCC New Claims](#)
To: SLRobinson@uams.edu
Bcc: [Kathryn Irby](#)
Subject: University of Arkansas for Medical Sciences v. DHS, Claim No. 250154
Date: Thursday, August 29, 2024 1:03:00 PM
Attachments: [University of Arkansas for Medical Sciences vs DHS agency ltr.pdf](#)

Dear Ms. Robinson,

Attached please find a copy of the letter sent with the University of Arkansas for Medical Sciences claim to the Arkansas Department of Human Services.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: [Daiquiri Carter](#)
To: [ASCC Pleadings](#); [Abbey Trussell](#); SLRobinson@uams.edu
Cc: [Daiquiri Carter](#)
Subject: CC # 250154
Date: Monday, September 23, 2024 8:15:04 AM
Attachments: [CC 250154 Answer UAMS v DHS.pdf](#)
[image001.png](#)
[image002.png](#)
[image003.jpg](#)

Attached is DHS' Answer to the above mentioned case. I have copied Claimant's attorney on this e-mail.

Thank you,

Daiquiri D. Carter, M.Ed.
 Legal Services Specialist
 Office of Chief Counsel
 PO Box 1437, Slot S260
 Little Rock, AR 72203-1437
 501-320-6338 phone
 501-682-6720 fax
Daiquiri.carter@dhs.arkansas.gov



NOTE - This email may contain sensitive or confidential information.

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES (UAMS)

CLAIMANT

VS.

CLAIM NO. 250154 CC

STATE OF ARKANSAS
DHS

RESPONDENT

ANSWER

Comes the Respondent, State of Arkansas, Department of Human Services ("DHS"), by its attorney, Abbey Trussell, and for its Answer states:

1. Respondent admits liability for claim 250154 in the requested amount of \$115,639.89.

2. The account information is:

Agency Number: [REDACTED]
 Cost Center: [REDACTED]
 Internal Order: [REDACTED]
 Fund: [REDACTED]
 Fund Center: [REDACTED]

WHEREFORE, Respondent moves that claim 250154 be admitted in the amount stated above, and for all other just and proper relief to which it may be entitled.

Respectfully Submitted,

Arkansas Department of Human Services
Office of Chief Counsel

/s/ Abbey Trussell

Abbey Trussell
 Attorney Supervisor, AR Bar No. 2020235
 P.O. Box 1437, Slot S260
 Little Rock, AR 72203
 Phone: (501) 534-4149
 Email: abbey.trussell@dhs.arkansas.gov

CERTIFICATE OF SERVICE

I, undersigned, do hereby certify that on September 23, 2024 a true and correct copy of the foregoing was sent via email to the following:

Sherri Robinson, Esq.
University of Arkansas for Medical Sciences
4301 W. Markham, Slot 860
Little Rock, AR 72201
SLRobinson@uams.edu

/s/ Abbey Trussell

Abbey Trussell

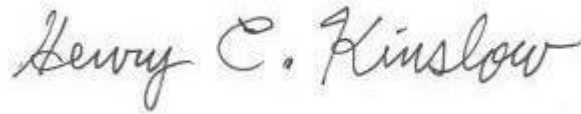
BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES****CLAIMANT****V.****CLAIM NO. 250154****ARKANSAS DEPARTMENT OF
HUMAN SERVICES****RESPONDENT****ORDER**

This claim was filed by University of Arkansas for Medical Sciences against the Arkansas Department of Human Services (the “Respondent”) for an unpaid bill in the amount of \$115,639.89.

Respondent filed an answer on September 23, 2024, admitting liability in full.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$115,639.89 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, Chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: October 2, 2024

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).