

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

**1. Claimant's Legal Counsel -**  (If representing yourself (Pro Se) please check this box and proceed to section 2)

Fuqua	David	dfuqua@fc-lawyers.com		
(last name)	(first name)	(email)		
3700 Cantrell Road, Suite 205	Little Rock	AR	72202	(501) 975-7120
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: \_\_\_\_\_ *If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

**2. Claimant**

Wellpath LLC				
(title/last name/first name or company)				(email)
	Nashville	TN	37217	
(address)	(city)	(state)	(zip)	(primary phone)

**3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)**

Arkansas Department of Human Services

\_\_\_\_\_  
(state agency involved)

**4. Incident Date**

5/18/2020

**5. Claim Type**

Services Rendered

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

Wellpath LLC (\Wellpath\), formerly known as Correct Care Solutions, LLC, seeks payment for services provided to persons in the custody of the Arkansas Department of Human Services, Division of Youth Services (\DYS\). Wellpath contracted with DYS to provide pharmacy, laboratory, and other medical services to juveniles committed to DYS. The attached invoice (Exhibit 1) shows the total amount owed by DYS to Wellpath in connection with this claim: \$448,636.27. \r\n\r\nDYS has reviewed the claim and approved the total amount due to Wellpath. The attached email from Lisa Ricks, CFO, Division of Youth Services - Finance, (Exhibit 2) approves the total amount that is owed and payable to Wellpath in connection with this claim.

**5a. Check here if this claim involves damage to a motor vehicle.**

**5b. Check here if this claim involves damage to property other than a motor vehicle.**

**All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.**

I did not have insurance covering my property/motor vehicle at the time of damage.

**All property damage claims require ONE of the following (please attach):**

- 1. Invoice(s) documenting repair costs, OR**
- 2. Three (3) estimates for repair of the damaged property, OR**
- 3. An explanation why repair bill(s) or estimate(s) cannot be provided.**

**6. Was a state vehicle involved? (If Yes, please complete the following section)**

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(type of state vehicle involved)

(license number)

(driver)

**7. Check here if this claim involves personal injury.**

**All personal injury claims require a copy of your medical insurance information in place at the time of the incident.**

I do not have health insurance

**8. Amount Sought:** \$448,636.27

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(Signature)

(Date)

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**WELLPATH LLC**

**CLAIMANT**

**V.**

**CLAIM NO. 210282**

**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**

**RESPONDENT**

**ORDER**

This claim was filed by Wellpath LLC (the “Claimant”) against Arkansas Department of Human Services (the “Respondent”) for services rendered in the amount of \$448,636.27.

Respondent filed an answer on October 8, 2020, admitting liability in full.

As such, the Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$448,636.27 and refers this claim to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



\_\_\_\_\_  
ARKANSAS STATE CLAIMS COMMISSION

Courtney Baird  
Dexter Booth  
Henry Kinslow, Co-Chair  
Paul Morris, Co-Chair  
Sylvester Smith

DATE: October 13, 2020

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from the date of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the date of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(b)(3). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a).
- (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(b). 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).