In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

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MARISSA AREVALO, guardian	*	
and mother of R.M.R., a minor,	*	
	*	No. 15-406V
Petitioner,	*	Special Master Christian J. Moran
	*	_
V.	*	
	*	Filed: June 12, 2018
SECRETARY OF HEALTH	*	
AND HUMAN SERVICES,	*	Damages; decision based on proffer;
	*	diphtheria-tetanus-acellular pertussis
	*	("DTaP") vaccine; encephalopathy.
Respondent.	*	
* * * * * * * * * * * * * * * * * * * *	< *	

<u>Peter C. Beard</u>, Springfield, IL, for Petitioner; <u>Adriana R. Teitel</u>, United States Department of Justice, Washington, DC, for Respondent.

UNPUBLISHED DECISION AWARDING DAMAGES¹

On April 22, 2015, Marissa Arevalo filed a petition on behalf of her daughter, R.M.R., for compensation under the National Childhood Vaccine Injury Act, 42 U.S.C. §§ 300aa-1 to 34 (2012). Ms. Arevalo alleged that R.M.R. suffered an on-Table encephalopahty as a result of a diphtheria-tetanus-acellular pertussis ("DTaP") vaccination administered on May 10, 2012.

Following a hearing, the undersigned ruled that petitioner had established entitlement to compensation for R.M.R.'s on-Table encephalopathy claim under the Vaccine Act. <u>Ruling</u>, issued Dec. 15, 2016, 2016 WL 7666535.

¹ The E-Government Act, 44 § 3501 note (2012) (Federal Management and Promotion of Electronic Government Services), requires that the Court post this decision on its website. Pursuant to Vaccine Rule 18(b), the parties have 14 days to file a motion proposing redaction of medical information or other information described in 42 U.S.C. § 300aa-12(d)(4). Any redactions ordered by the special master will appear in the document posted on the website.

On June 8, 2018, respondent filed a Proffer on Award of Compensation, to which petitioner agrees. Based upon the record as a whole, the special master finds the Proffer reasonable and that petitioner is entitled to an award as stated in the Proffer. Pursuant to the attached Proffer the court awards petitioner:

- a. A lump sum of \$1,437,806.43 in the form of a check payable to petitioner as court-appointed guardian of R.M.R.'s estate for lost earnings, pain and suffering, and life care expenses for year one;
- b. A lump sum of \$3,852.60 in the form of a check payable to petitioner for past unreimbursable expenses;
- c. A lump sum of \$563,848.98 for compensation for satisfaction of the State of Illinois Medicaid lien in the form of a check jointly payable to petitioner and

Illinois Department of Healthcare & Family Services
Bureau of Collections
Technical Recovery Section
P.O. Box 19174
Springfield, IL 62794-9174
Attn: Mr. Kevin Thornton
Medicaid #: 96-080-091613

Petitioner agrees to endorse this payment to the State of Illinois.

d. An amount sufficient to purchase the annuity contract described in section II. D of the attached Proffer.

These amounts represent compensation for all damages that would be available under 42 U.S.C. §300aa-15(a)

In the absence of a motion for review filed pursuant to RCFC, Appendix B, the clerk is directed to enter judgment in case 15-406V according to this decision and the attached proffer.²

² Pursuant to Vaccine Rule 11(a), the parties can expedite entry of judgment by each party filing a notice renouncing the right to seek review by a United States Court of Federal Claims judge.

Any questions may be directed to my law clerk, Andrew Schick, at (202) 357-6360.

IT IS SO ORDERED.

s/Christian J. Moran Christian J. Moran Special Master

IN THE UNITED STATES COURT OF FEDERAL CLAIMS OFFICE OF SPECIAL MASTERS

MARISSA AREVALO, guardian and mother of R.M.R., a minor,

Petitioner,

v.

SECRETARY OF HEALTH AND HUMAN SERVICES,

Respondent.

No. 15-406V Special Master Moran ECF

PROFFER ON AWARD OF COMPENSATION

On December 15, 2016, Special Master Moran issued a Ruling on Entitlement, which found that petitioner was entitled to Vaccine Act compensation for R.M.R's alleged Table Encephalopathy injury.

I. Items of Compensation

A. Life Care Items

The respondent engaged life care planner, M. Virginia Walton, RN, MSN, FNP, CNCLP, and petitioner engaged Terry K. Arnold, RN, CDMS, CRRN, CLCP, CNLCP, to provide an estimation of R.M.R.'s future vaccine-injury related needs. For the purposes of this proffer, the term "vaccine related" is as described in the Special Master's Ruling Finding Entitlement. All items of compensation identified in the joint life care plan are supported by the evidence, and are illustrated by the chart entitled Appendix A: Items of Compensation for R.M.R., attached hereto

as Tab A.¹ Respondent proffers that R.M.R. should be awarded all items of compensation set forth in the joint life care plan and illustrated by the chart attached at Tab A.² Petitioner agrees.

B. <u>Lost Future Earnings</u>

The parties agree that based upon the evidence of record, R.M.R. will not be gainfully employed in the future. Therefore, respondent proffers that R.M.R. should be awarded lost future earnings as provided under the Vaccine Act, 42 U.S.C. § 300aa-15(a)(3)(B). Respondent proffers that the appropriate award for R.M.R.'s lost earnings is \$829,794.00. Petitioner agrees.

C. Pain and Suffering

Respondent proffers that R.M.R. should be awarded \$250,000.00 in actual pain and suffering. *See* 42 U.S.C. § 300aa-15(a)(4). Petitioner agrees.

D. Past Unreimbursable Expenses

Evidence supplied by petitioner documents her expenditure of past unreimbursable expenses related to R.M.R.'s vaccine-related injury. Respondent proffers that petitioner should be awarded past unreimbursable expenses in the amount of \$3,852.60. Petitioner agrees.

E. Medicaid Lien

Respondent proffers that R.M.R. should be awarded funds to satisfy a State of Illinois lien in the amount of \$563,848.98, which represents full satisfaction of any right of subrogation,

¹ The chart at Tab A illustrates the annual benefits provided by the joint life care plan. The annual benefit years run from the date of judgment up to the first anniversary of the date of judgment, and every year thereafter up to the anniversary of the date of judgment.

² The parties have no objection to the proffered award of damages. Assuming the Special Master issues a damages decision in conformity with this proffer, the parties intend to waive their right to seek review of such damages decision, recognizing that respondent reserves his right, pursuant to 42 U.S.C. § 300aa-12(f), to seek review of the Special Master's December 15, 2016, decision finding petitioner entitled to an award under the Vaccine Act.

assignment, claim, lien, or cause of action the State of Illinois may have against any individual as a result of any Medicaid payments the State of Illinois has made to or on behalf of R.M.R. from the date of her eligibility for benefits through the date of judgment in this case as a result of her vaccine-related injury suffered on or about May 10, 2012, under Title XIX of the Social Security Act.

II. Form of the Award

The parties recommend that the compensation provided to R.M.R. should be made through a combination of lump sum payments and future annuity payments as described below, and request that the Special Master's decision and the Court's judgment award the following³:

A. A lump sum payment of \$1,437,806.43, representing compensation for lost earnings (\$829,794.00), pain and suffering (\$250,000.00), and life care expenses for Year One (\$358,012.43), in the form of a check payable to petitioner as guardian of the estate of R.M.R., for the benefit of R.M.R. No payments shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian of R.M.R.'s estate. If petitioner is not authorized by a court of competent jurisdiction to serve as guardian of the estate of R.M.R., any such payment shall be made to the party or parties appointed by a court of competent jurisdiction to serve as guardian(s)/conservator(s) of the estate of R.M.R. upon submission of written documentation of such appointment to the Secretary.

B. A lump sum payment of \$3,852.60, representing compensation for past unreimbursable expenses, in the form of a check payable to petitioner.

³ Should R.M.R. die prior to entry of judgment, the parties reserve the right to move the Court for appropriate relief. In particular, respondent would oppose any award for future medical expenses, future lost earnings, and future pain and suffering.

C. A lump sum payment of \$563,848.98, representing compensation for satisfaction of the State of Illinois Medicaid lien, payable jointly to petitioner and

Illinois Department of Healthcare & Family Services
Bureau of Collections
Technical Recovery Section
P.O. Box 19174
Springfield, IL 62794-9174
Attn: Mr. Kevin Thornton
Medicaid #: 96-080-091613

Petitioner agrees to endorse this payment to the State of Illinois.

D. An amount sufficient to purchase the annuity contract,⁴ subject to the conditions described below, that will provide payments for the life care items contained in the life care plan, as illustrated by the chart at Tab A attached hereto, paid to the life insurance company⁵ from which the annuity will be purchased.⁶ Compensation for Year Two (beginning on the first anniversary of the date of judgment) and all subsequent years shall be provided through

b. Moody's Investor Service Claims Paying Rating: Aa3, Aa2, Aa1, or Aaa;

c. Standard and Poor's Corporation Insurer Claims-Paying Ability Rating: AA-, AA, AA+, or AAA;

d. Fitch Credit Rating Company, Insurance Company Claims Paying Ability Rating: AA-, AA, AA+, or AAA.

⁴ In respondent's discretion, respondent may purchase one or more annuity contracts from one or more life insurance companies.

⁵ The Life Insurance Company must have a minimum of \$250,000,000 capital and surplus, exclusive of any mandatory security valuation reserve. The Life Insurance Company must have one of the following ratings from two of the following rating organizations:

a. R.M.R. Best Company: A++, A+, A+g, A+p, A+r, or A+s;

⁶ Petitioner authorizes the disclosure of certain documents filed by the petitioner in this case consistent with the Privacy Act and the routine uses described in the National Vaccine Injury Compensation Program System of Records, No. 09-15-0056.

respondent's purchase of an annuity, which annuity shall make payments directly to petitioner as guardian of the estate of R.M.R., only so long as R.M.R. is alive at the time a particular payment is due. At the Secretary's sole discretion, the periodic payments may be provided to petitioner in monthly, quarterly, annual or other installments. The "annual amounts" set forth in the chart at Tab A describe only the total yearly sum to be paid to petitioner and do not require that the payment be made in one annual installment.

1. Growth Rate

Respondent proffers that a four percent (4%) growth rate should be applied to all non-medical life care items, and a five percent (5%) growth rate should be applied to all medical life care items. Thus, the benefits illustrated in the chart at Tab A that are to be paid through annuity payments should grow as follows: four percent (4%) compounded annually from the date of judgment for non-medical items, and five percent (5%) compounded annually from the date of judgment for medical items. Petitioner agrees.

2. Life-Contingent Annuity

Petitioner will continue to receive the annuity payments from the Life Insurance Company only so long as R.M.R. is alive at the time that a particular payment is due. Written notice shall be provided to the Secretary of Health and Human Services and the Life Insurance Company within twenty (20) days of R.M.R.'s death.

3. <u>Guardianship</u>

No payments shall be made until petitioner provides respondent with documentation establishing that she has been appointed as the guardian of R.M.R.'s estate. If petitioner is not authorized by a court of competent jurisdiction to serve as guardian of the estate of R.M.R., any such payment shall be made to the party or parties appointed by a court of competent jurisdiction

to serve as guardian(s)/conservator(s) of the estate of R.M.R. upon submission of written documentation of such appointment to the Secretary.

III. Summary of Recommended Payments Following Judgment

A. Lump sum paid to petitioner as court-appointed guardian of R.M.R.'s estate:

\$ 1,437,806.43

B. Paid to petitioner:

\$ 3,852.60

C. Medicaid Lien:

\$ 563,848.98

D. An amount sufficient to purchase the annuity contract described above in section II. D.

Respectfully submitted,

CHAD A. READLER
Acting Assistant Attorney General

C. SALVATORE D'ALESSIO Acting Director Torts Branch, Civil Division

CATHARINE E. REEVES Deputy Director Torts Branch, Civil Division

ALEXIS BABCOCK Assistant Director Torts Branch, Civil Division

/s/Adriana Teitel
ADRIANA TEITEL
Trial Attorney
Torts Branch, Civil Division
U.S. Department of Justice
P.O. Box 146
Benjamin Franklin Station
Washington, D.C. 20044-0146
Telephone: (202) 616-3677

Dated: June 8, 2018

	I		I	Lump Sum					T	I	I
				Compensation							
ITEMS OF COMPENSATION	G.R.	*	M		Year 2	Year 3	Years 4-5	Year 6	Year 7	Year 8	Year 9
				2018	2019	2020	2021-2022	2023	2024	2025	2026
Insurance Premium	5%		M	3,138.96	3,138.96	3,138.96	3,138.96	3,138.96	3,138.96	3,138.96	3,138.96
Insurance MOP Participating	5%			7,350.00	7,350.00	7,350.00	7,350.00	7,350.00	7,350.00	7,350.00	7,350.00
Insurance MOP Non-Participating	5%			14,700.00	14,700.00	14,700.00	14,700.00	14,700.00	14,700.00	14,700.00	14,700.00
Medicare Part B Premium	5%		M								
Medicare Part B Deductible	5%										
Medicare Part D	5%		M								
Medigap	5%		M								
Dev Pediatrian	5%	*									
Physiatrist	5%	*									
Pediatrician/ Internist	5%	*									
Orthopedist	5%	*									
X-rays of Pelvis & Hips	5%	*									
X-rays of Spine	5%	*									
Urologist	5%	*									
Labs: UA & Culture Sensitivity	5%	*									
Mileage: Doctors	4%			22.41	22.41	22.41	22.41	22.41	22.41	22.41	22.41
Neurologist	5%	*									
Labs: CBC, CMP etc	5%	*									
MRI of Brain	5%	*									
Movement Disorder Clinic	5%	*									
Botox Clinic	5%	*									
Botox Inj	5%	*									
Dentist	5%										
Optometrist	4%	*									
Gastro-enterologist	5%	*									
Nutritionist	4%	*									
Mileage: Doctors in MO	4%			837.72	837.72	837.72	837.72	837.72	837.72	837.72	837.72
Scoliosis Screen	5%	*									
Surgical Correction of Scoliosis	5%	*									
Post Op X-rays	5%	*									
TLSO	4%	*									

		l		Lump Sum							
				Compensation							
ITEMS OF COMPENSATION	G.R.	*	M	Year 1	Year 2	Year 3	Years 4-5	Year 6	Year 7	Year 8	Year 9
				2018	2019	2020	2021-2022	2023	2024	2025	2026
G-Tube Revision	5%	*									
Sleep Study	5%	*									
Endometrial Ablation	5%	*									
Hospitalization	5%	*									
Hippo Therapy	4%		M	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00
Aqua Therapy	4%		M	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50
Nitrofurantoin	5%	*									
Felbamate	5%	*									
Onfi	5%	*									
Gabapentin	5%	*									
Miralax	4%			286.00	286.00	286.00	286.00	286.00	286.00	286.00	286.00
Diazepam 2.5mg	5%	*									
Diazepam 10mg	5%	*									
Robinul	5%	*									
Albuterol	5%	*									
Vit D3	4%			18.22	18.22	18.22	18.22	18.22	18.22	18.22	18.22
Dulcolax	4%			271.35	271.35	271.35	271.35	271.35	271.35	271.35	271.35
Adaptive Equip Eval	4%	*									
Electric Bed	4%										9,551.58
Mattress Underpad	4%			83.80	83.80	83.80	83.80	83.80	83.80	83.80	83.80
Mattress Cover	4%			52.99	52.99	52.99	52.99	52.99	52.99	52.99	52.99
Seizure Activity Monitor	4%			1,399.00				1,399.00			
Reclining Shower Chair	4%			2,280.80				2,280.80			
Hand Held Shower	4%			31.31	6.26	6.26	6.26	6.26	6.26	6.26	6.26
Rifton Chair	4%			3,545.00				3,905.00			
Stander	4%	*									
Benik Vest	4%			135.95	135.95	135.95	135.95	135.95	135.95	135.95	135.95
Collar	4%			249.92	249.92	249.92	249.92	249.92	249.92	249.92	249.92
Equip Maint Allowance	4%			200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
YMCA	4%			916.00	816.00	816.00	816.00	816.00	816.00	816.00	816.00
Dev, Therapeutic Toys & Equip	4%			250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00

				Lump Sum							
				Compensation							
ITEMS OF COMPENSATION	G.R.	*	M		Year 2	Year 3	Years 4-5	Year 6	Year 7	Year 8	Year 9
				2018	2019	2020	2021-2022	2023	2024	2025	2026
WC Accessible Swing	4%			2,678.00							
Special Needs Bike & Access	4%			1,420.00				1,420.00			
Service Dog	4%			19,550.00						19,550.00	
Dog Maint	4%		M	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40
Suction Machine	4%	*									
Portable Suction Machine	4%	*									
Suction Container Kit	4%	*									
Yankauer Tip	4%	*									
Oral Cleansing System	4%		M	897.62	897.62	897.62	897.62	897.62	897.62	897.62	897.62
Nebulizer	4%	*									
Nebulizer Mask	4%	*									
Nebulizer Tubing	4%	*									
Saline	4%			2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69
Pulse Oximeter	4%	*									
Stethescope	4%			43.07	8.61	8.61	8.61	8.61	8.61	8.61	8.61
Feeding Pump	4%	*									
IV Pole	4%	*									
Feeding Pump Set	4%	*									
Enteral Oral Syringe	4%	*									
Feeding Set	4%	*									
Gauze	4%	*									
Syringe	4%	*									
Cotton Applicators	4%	*									
Compleat	4%	*									
Nutren	4%	*									
Bottle Adapter	4%		M	152.40	152.40	152.40	152.40	152.40	152.40	152.40	152.40
Cath Kit	4%		M		3,912.80	3,912.80		3,912.80	3,912.80	3,912.80	3,912.80
Diapers	4%		M	1,191.49	1,191.49	1,191.49	,	,	ĺ		
Briefs	4%		M	, -	, -	, -	1,326.47	1,326.47	1,326.47	1,326.47	1,326.47
Wipes	4%		M	698.88	698.88	698.88	698.88	698.88	698.88	698.88	698.88
Disp Gloves	4%	t	M	238.34	238.34	238.34	238.34	238.34	238.34	238.34	238.34

				Lump Sum							
				Compensation	Compensation	Compensation	Compensation	Compensation	Compensation	Compensation	Compensation
ITEMS OF COMPENSATION	G.R.	*	M	Year 1 2018	Year 2 2019	Year 3 2020	Years 4-5	Year 6 2023	Year 7 2024	Year 8 2025	Year 9 2026
T. 10	407						2021-2022				
Hand Sanitizer	4%		M	141.66	141.66	141.66	141.66	141.66	141.66	141.66	141.66
Barrier Cream	4%		M	173.16	173.16	173.16	173.16	173.16	173.16	173.16	173.16
Underpads	4%		M	317.50	317.50	317.50	317.50	317.50	317.50	317.50	317.50
Supply Storage	4%			201.95	13.46	13.46	13.46	13.46	13.46	13.46	13.46
Bilateral AFOs	4%	*									
Toe Separator	4%			130.00	130.00	130.00	130.00	130.00	130.00	130.00	130.00
WC Seating Eval & Clinic	4%	*									
Quickie	4%	*									
WC Maint	4%	*		504.50	504.50	504.50	504.50	504.50	504.50	504.50	504.50
Backpack	4%			25.00	12.50	12.50	12.50	12.50	12.50	12.50	12.50
Portable Ramp	4%			339.00							
Case Mngt	4%		M	4,080.00	4,080.00	4,080.00	3,060.00	3,060.00	3,060.00	3,060.00	3,060.00
Home Mods	4%			77,307.00							
Ceiling Lift	4%			11,000.00							
Lift Motor Repl	4%										
Slings	4%			597.04	298.52	298.52	298.52	298.52	298.52	298.52	298.52
Lift Battery	4%					60.00	30.00	30.00	30.00	30.00	30.00
Lift Maint	4%				200.00	200.00	200.00	200.00	200.00	200.00	200.00
Generator	4%			23,140.00							
Generator Maint	4%			315.00	315.00	315.00	315.00	315.00	315.00	315.00	315.00
Car Seat	4%			2,640.00							
WC Access Van	4%			53,061.00						45,101.85	
AAA	4%			114.00	114.00	114.00	114.00	114.00	114.00	114.00	114.00
Attendant Care	4%		M	106,740.00	106,740.00	106,740.00	106,740.00	106,740.00	106,740.00	189,540.00	189,540.00
Lost Future Earnings				829,794.00							
Pain and Suffering				250,000.00							
Past Unreimbursable Expenses				3,852.60							
Medicaid Lien				563,848.98							
Annual Totals				2,005,508.01	159,193.61	159,253.61	158,338.59	167,343.39	158,338.59	305,790.44	250,690.17

				Lump Sum							
				Compensation							
ITEMS OF COMPENSATION	G.R.	*	M	Year 1	Year 2	Year 3	Years 4-5	Year 6	Year 7	Year 8	Year 9
				2018	2019	2020	2021-2022	2023	2024	2025	2026

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/conservators(s) of the estate of R.M.R. for the benefit of R.M.R., for lost future earnings (\$829,794.00),

pain and suffering (\$250,000.00), and Yr 1 life care expenses (\$358,012.43): \$1,437,806.43.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Marissa Arevalo, for past un-reimbursable expenses: \$2,058.62.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Illinois, as reimbursement of the state's Medicaid lien: \$563,848.98.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment. Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment. Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

				Compensation							
ITEMS OF COMPENSATION	G.R.	*	M		Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17
				2027	2028	2029	2030	2031	2032	2033	2034
Insurance Premium	5%		M	3,417.96	3,524.64	3,631.32	3,746.16	3,861.12			
Insurance MOP Participating	5%			7,350.00	7,350.00	7,350.00	7,350.00	7,350.00			
Insurance MOP Non-Participating	5%			14,700.00	14,700.00	14,700.00	14,700.00	14,700.00			
Medicare Part B Premium	5%		M						1,608.00	1,608.00	1,608.00
Medicare Part B Deductible	5%								183.00	183.00	183.00
Medicare Part D	5%		M						5,025.00	5,025.00	5,025.00
Medigap	5%		M						3,888.00	3,888.00	3,888.00
Dev Pediatrian	5%	*									
Physiatrist	5%	*									
Pediatrician/ Internist	5%	*									
Orthopedist	5%	*									
X-rays of Pelvis & Hips	5%	*									
X-rays of Spine	5%	*									
Urologist	5%	*									
Labs: UA & Culture Sensitivity	5%	*									
Mileage: Doctors	4%			22.41	22.41	22.41	22.41	22.41	22.41	22.41	22.41
Neurologist	5%	*									
Labs: CBC, CMP etc	5%	*									
MRI of Brain	5%	*									
Movement Disorder Clinic	5%	*									
Botox Clinic	5%	*									
Botox Inj	5%	*									
Dentist	5%								198.00	198.00	198.00
Optometrist	4%	*									
Gastro-enterologist	5%	*									
Nutritionist	4%	*									
Mileage: Doctors in MO	4%			837.72	837.72	837.72	837.72	837.72	837.72	837.72	837.72
Scoliosis Screen	5%	*									
Surgical Correction of Scoliosis	5%	*									
Post Op X-rays	5%	*									
TLSO	4%	*									

				Compensation							
ITEMS OF COMPENSATION	G.R.	*	M	Year 10 2027	Year 11 2028	Year 12 2029	Year 13 2030	Year 14 2031	Year 15 2032	Year 16 2033	Year 17 2034
G-Tube Revision	5%	*		2027	2028	2029	2030	2031	2032	2033	2034
	5%	*									
Sleep Study Endometrial Ablation	5%	*									
	-	*									
Hospitalization	5%	~		1 020 00	1.020.00	1.020.00	1.020.00	1 020 00	1 020 00	1 020 00	1.020.00
Hippo Therapy	4%		M	,	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00
Aqua Therapy	4%	*	M	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50
Nitrofurantoin	5%	-									
Felbamate	5%	*									
Onfi	5%	*									
Gabapentin	5%	*									
Miralax	4%	-	1	286.00	286.00	286.00	286.00	286.00	286.00	286.00	286.00
Diazepam 2.5mg	5%	*									
Diazepam 10mg	5%	*									
Robinul	5%	*									
Albuterol	5%	*									
Vit D3	4%			18.22	18.22	18.22	18.22	18.22	18.22	18.22	18.22
Dulcolax	4%			271.35	271.35	271.35	271.35	271.35	271.35	271.35	271.35
Adaptive Equip Eval	4%	*									
Electric Bed	4%										
Mattress Underpad	4%			83.80	83.80	83.80	83.80	83.80	83.80	83.80	83.80
Mattress Cover	4%			52.99	52.99	52.99	52.99	52.99	52.99	52.99	52.99
Seizure Activity Monitor	4%				1,399.00					1,399.00	
Reclining Shower Chair	4%				2,280.80					2,280.80	
Hand Held Shower	4%			6.26	6.26	6.26	6.26	6.26	6.26	6.26	6.26
Rifton Chair	4%					3,905.00					
Stander	4%	*									
Benik Vest	4%			135.95	135.95	135.95	135.95	135.95	135.95	135.95	135.95
Collar	4%			249.92	249.92	249.92	249.92	249.92	249.92	249.92	249.92
Equip Maint Allowance	4%			200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
YMCA	4%			816.00	816.00	816.00	816.00	816.00	816.00	816.00	816.00
Dev, Therapeutic Toys & Equip	4%			250.00	250.00	250.00	250.00	250.00	250.00	250.00	250.00

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ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 10	Compensation Year 11	Compensation Year 12	Compensation Year 13	Compensation Year 14	Compensation Year 15	Compensation Year 16	Compensation Year 17
				2027	2028	2029	2030	2031	2032	2033	2034
WC Accessible Swing	4%				2,678.00						
Special Needs Bike & Access	4%				1,420.00					1,420.00	
Service Dog	4%								19,550.00		
Dog Maint	4%		M	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40
Suction Machine	4%	*									
Portable Suction Machine	4%	*									
Suction Container Kit	4%	*									
Yankauer Tip	4%	*									
Oral Cleansing System	4%		M	897.62	897.62	897.62	897.62	897.62	897.62	897.62	897.62
Nebulizer	4%	*									
Nebulizer Mask	4%	*									
Nebulizer Tubing	4%	*									
Saline	4%			2.69	2.69	2.69	2.69	2.69	2.69	2.69	2.69
Pulse Oximeter	4%	*									
Stethescope	4%			8.61	8.61	8.61	8.61	8.61	8.61	8.61	8.61
Feeding Pump	4%	*									
IV Pole	4%	*									
Feeding Pump Set	4%	*									
Enteral Oral Syringe	4%	*									
Feeding Set	4%	*									
Gauze	4%	*									
Syringe	4%	*									
Cotton Applicators	4%	*									
Compleat	4%	*									
Nutren	4%	*									
Bottle Adapter	4%		M	152.40	152.40	152.40	152.40	152.40	152.40	152.40	152.40
Cath Kit	4%		M	3,912.80	3,912.80	3,912.80	3,912.80	3,912.80	3,912.80	3,912.80	3,912.80
Diapers	4%		M								
Briefs	4%		M	1,326.47	1,326.47	1,451.79	1,451.79	1,451.79	1,451.79	1,451.79	1,451.79
Wipes	4%		M	698.88	698.88	698.88	698.88	698.88	698.88	698.88	698.88
Disp Gloves	4%		M	238.34	238.34	238.34	238.34	238.34	238.34	238.34	238.34

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				Compensation							
ITEMS OF COMPENSATION	G.R.	*	M	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17
				2027	2028	2029	2030	2031	2032	2033	2034
Hand Sanitizer	4%		M	141.66	141.66	141.66	141.66	141.66	141.66	141.66	141.66
Barrier Cream	4%		M	173.16	173.16	173.16	173.16	173.16	173.16	173.16	173.16
Underpads	4%		M	317.50	317.50	317.50	317.50	317.50	317.50	317.50	317.50
Supply Storage	4%			13.46	13.46	13.46	13.46	13.46	13.46	13.46	13.46
Bilateral AFOs	4%	*									
Toe Separator	4%			130.00	130.00	130.00	130.00	130.00	130.00	130.00	130.00
WC Seating Eval & Clinic	4%	*									
Quickie	4%	*									
WC Maint	4%	*		504.50	504.50	504.50	504.50	504.50			
Backpack	4%			12.50	12.50	12.50	12.50	12.50	12.50	12.50	12.50
Portable Ramp	4%				339.00						
Case Mngt	4%		M	3,060.00	3,060.00	3,060.00	3,060.00	3,060.00	2,040.00	2,040.00	2,040.00
Home Mods	4%									77,307.00	
Ceiling Lift	4%									11,000.00	
Lift Motor Repl	4%				5,000.00						
Slings	4%			298.52	298.52	298.52	298.52	298.52	298.52	298.52	298.52
Lift Battery	4%			30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00
Lift Maint	4%			200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00
Generator	4%										
Generator Maint	4%			315.00	315.00	315.00	315.00	315.00	315.00	315.00	315.00
Car Seat	4%										
WC Access Van	4%								45,101.85		
AAA	4%			114.00	114.00	114.00	114.00	114.00	114.00	114.00	114.00
Attendant Care	4%		M	189,540.00	189,540.00	189,540.00	189,540.00	189,540.00	189,540.00	189,540.00	189,540.00
Lost Future Earnings											
Pain and Suffering											
Past Unreimbursable Expenses											
Medicaid Lien											
Annual Totals				241,417.59	254,641.07	245,661.27	241,871.11	241,986.07	290,104.30	318,859.25	225,452.45

				Compensation							
ITEMS OF COMPENSATION	G.R.	*	M	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17
				2027	2028	2029	2030	2031	2032	2033	2034

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/conservators(s) of the estate of R.M.R. for the benefit of R.M.R., for lost future earnings (\$829,794.00), pain and suffering (\$250,000.00), and Yr 1 life care expenses (\$358,012.43): \$1,437,806.43.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Marissa Arevalo, for past un-reimbursable expenses: \$2,058.62.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Illinois, as reimbursement of the state's Medicaid lien: \$563,848.98.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment. Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment. Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.

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				Compensation						
ITEMS OF COMPENSATION	G.R.	*	M	-	Year 19	Year 20	Year 21	Year 22	Years 23-59	Years 60-Life
				2035	2036	2037	2038	2039	2040-2076	2077-Life
Insurance Premium	5%		M							
Insurance MOP Participating	5%									
Insurance MOP Non-Participating	5%									
Medicare Part B Premium	5%		M	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00
Medicare Part B Deductible	5%			183.00	183.00	183.00	183.00	183.00	183.00	183.00
Medicare Part D	5%		M	5,025.00	5,025.00	5,025.00	5,025.00	5,025.00	5,025.00	5,025.00
Medigap	5%		M	3,888.00	3,888.00	3,888.00	3,888.00	3,888.00	3,888.00	3,252.00
Dev Pediatrian	5%	*								
Physiatrist	5%	*								
Pediatrician/ Internist	5%	*								
Orthopedist	5%	*								
X-rays of Pelvis & Hips	5%	*								
X-rays of Spine	5%	*								
Urologist	5%	*								
Labs: UA & Culture Sensitivity	5%	*								
Mileage: Doctors	4%			22.41	22.41	22.41	22.41	22.41	22.41	22.41
Neurologist	5%	*								
Labs: CBC, CMP etc	5%	*								
MRI of Brain	5%	*								
Movement Disorder Clinic	5%	*								
Botox Clinic	5%	*								
Botox Inj	5%	*								
Dentist	5%			198.00	198.00	198.00	198.00	198.00	198.00	198.00
Optometrist	4%	*								
Gastro-enterologist	5%	*								
Nutritionist	4%	*								
Mileage: Doctors in MO	4%			837.72	837.72	837.72	837.72	837.72	837.72	837.72
Scoliosis Screen	5%	*								
Surgical Correction of Scoliosis	5%	*								
Post Op X-rays	5%	*								
TLSO	4%	*								

		I	Ι							
				Compensation						
ITEMS OF COMPENSATION	G.R.	*	M	Year 18	Year 19	Year 20	Year 21	Year 22	Years 23-59	Years 60-Life
				2035	2036	2037	2038	2039	2040-2076	2077-Life
G-Tube Revision	5%	*								
Sleep Study	5%	*								
Endometrial Ablation	5%	*								
Hospitalization	5%	*								
Hippo Therapy	4%		M	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00	1,920.00
Aqua Therapy	4%		M	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50	7,306.50
Nitrofurantoin	5%	*								
Felbamate	5%	*								
Onfi	5%	*								
Gabapentin	5%	*								
Miralax	4%			286.00	286.00	286.00	286.00	286.00	286.00	286.00
Diazepam 2.5mg	5%	*								
Diazepam 10mg	5%	*								
Robinul	5%	*								
Albuterol	5%	*								
Vit D3	4%			18.22	18.22	18.22	18.22	18.22	18.22	18.22
Dulcolax	4%			271.35	271.35	271.35	271.35	271.35	271.35	271.35
Adaptive Equip Eval	4%	*								
Electric Bed	4%				9,551.58	955.16	955.16	955.16	955.16	955.16
Mattress Underpad	4%			83.80	83.80	83.80	83.80	83.80	83.80	83.80
Mattress Cover	4%			52.99	52.99	52.99	52.99	52.99	52.99	52.99
Seizure Activity Monitor	4%						1,399.00	279.80	279.80	279.80
Reclining Shower Chair	4%						2,280.80	456.16	456.16	456.16
Hand Held Shower	4%			6.26	6.26	6.26	6.26	6.26	6.26	6.26
Rifton Chair	4%			3,905.00	650.83	650.83	650.83	650.83	650.83	650.83
Stander	4%	*								
Benik Vest	4%			135.95	135.95	135.95	135.95	135.95	135.95	135.95
Collar	4%			249.92	249.92	249.92	249.92	249.92	249.92	249.92
Equip Maint Allowance	4%			200.00	200.00	200.00	200.00	200.00	200.00	200.00
YMCA	4%			816.00	816.00	816.00	816.00	816.00	816.00	816.00
Dev, Therapeutic Toys & Equip	4%			250.00	250.00	250.00	250.00	250.00	250.00	250.00

				Compensation						
ITEMS OF COMPENSATION	G.R.	*	M		Year 19	Year 20	Year 21	Year 22	Years 23-59	Years 60-Life
				2035	2036	2037	2038	2039	2040-2076	2077-Life
WC Accessible Swing	4%						2,678.00	267.80	267.80	267.80
Special Needs Bike & Access	4%						1,420.00	284.00	284.00	284.00
Service Dog	4%							19,550.00	2,792.86	2,792.86
Dog Maint	4%		M	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40	1,404.40
Suction Machine	4%	*								
Portable Suction Machine	4%	*								
Suction Container Kit	4%	*								
Yankauer Tip	4%	*								
Oral Cleansing System	4%		M	897.62	897.62	897.62	897.62	897.62	897.62	897.62
Nebulizer	4%	*								
Nebulizer Mask	4%	*								
Nebulizer Tubing	4%	*								
Saline	4%			2.69	2.69	2.69	2.69	2.69	2.69	2.69
Pulse Oximeter	4%	*								
Stethescope	4%			8.61	8.61	8.61	8.61	8.61	8.61	8.61
Feeding Pump	4%	*								
IV Pole	4%	*								
Feeding Pump Set	4%	*								
Enteral Oral Syringe	4%	*								
Feeding Set	4%	*								
Gauze	4%	*								
Syringe	4%	*								
Cotton Applicators	4%	*								
Compleat	4%	*								
Nutren	4%	*								
Bottle Adapter	4%		M	152.40	152.40	152.40	152.40	152.40	152.40	152.40
Cath Kit	4%		M		3,912.80	3,912.80	3,912.80	3,912.80	3,912.80	3,912.80
Diapers	4%		M							
Briefs	4%		M	1,451.79	1,451.79	1,451.79	1,451.79	1,451.79	1,451.79	1,451.79
Wipes	4%		M	698.88	698.88	698.88	698.88	698.88	698.88	698.88
Disp Gloves	4%		M		238.34	238.34	238.34	238.34	238.34	238.34

ITEMS OF COMPENSATION	G.R.	*	M	Compensation Year 18	Compensation Year 19	Compensation Year 20	Compensation Year 21	Compensation Year 22	Compensation Years 23-59	Compensation Years 60-Life
T. 10	40/			2035	2036	2037	2038	2039	2040-2076	2077-Life
Hand Sanitizer	4%		M	141.66	141.66	141.66	141.66	141.66	141.66	141.66
Barrier Cream	4%		M	173.16	173.16	173.16	173.16	173.16	173.16	173.16
Underpads	4%		M	317.50	317.50	317.50	317.50	317.50	317.50	317.50
Supply Storage	4%			13.46	13.46	13.46	13.46	13.46	13.46	13.46
Bilateral AFOs	4%	*								
Toe Separator	4%			130.00	130.00	130.00	130.00	130.00	130.00	130.00
WC Seating Eval & Clinic	4%	*								
Quickie	4%	*								
WC Maint	4%	*								
Backpack	4%			12.50	12.50	12.50	12.50	12.50	12.50	12.50
Portable Ramp	4%						339.00	33.90	33.90	33.90
Case Mngt	4%		M	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00	2,040.00
Home Mods	4%									
Ceiling Lift	4%									
Lift Motor Repl	4%						5,000.00	500.00	500.00	500.00
Slings	4%			298.52	298.52	298.52	298.52	298.52	298.52	298.52
Lift Battery	4%			30.00	30.00	30.00	30.00	30.00	30.00	30.00
Lift Maint	4%			200.00	200.00	200.00	200.00	200.00	200.00	200.00
Generator	4%						23,140.00	1,157.00	1,157.00	1,157.00
Generator Maint	4%			315.00	315.00	315.00	315.00	315.00	315.00	315.00
Car Seat	4%									
WC Access Van	4%							45,101.85	6,443.12	6,443.12
AAA	4%			114.00	114.00	114.00	114.00	114.00	114.00	114.00
Attendant Care	4%		M	379,080.00	379,080.00	379,080.00	379,080.00	379,080.00	379,080.00	379,080.00
Lost Future Earnings										
Pain and Suffering										
Past Unreimbursable Expenses										
Medicaid Lien										
Annual Totals				418,897.45	425,194.86	416,598.44	452,855.24	484,228.95	428,813.08	428,177.08

				Compensation						
ITEMS OF COMPENSATION	G.R.	*	M	Year 18	Year 19	Year 20	Year 21	Year 22	Years 23-59	Years 60-Life
				2035	2036	2037	2038	2039	2040-2076	2077-Life

Note: Compensation Year 1 consists of the 12 month period following the date of judgment.

Compensation Year 2 consists of the 12 month period commencing on the first anniversary of the date of judgment.

As soon as practicable after entry of judgment, respondent shall make the following payment to the court-appointed guardian(s)/conservators(s) of the estate of R.M.R. for the benefit of R.M.R., for lost future earnings (\$829,794.00),

pain and suffering (\$250,000.00), and Yr 1 life care expenses (\$358,012.43): \$1,437,806.43.

As soon as practicable after entry of judgment, respondent shall make the following payment to petitioner, Marissa Arevalo, for past un-reimbursable expenses: \$2,058.62.

As soon as practicable after entry of judgment, respondent shall make the following payment jointly to petitioner and the State of Illinois, as reimbursement of the state's Medicaid lien: \$563,848.98.

Annual amounts payable through an annuity for future Compensation Years follow the anniversary of the date of judgment. Annual amounts shall increase at the rates indicated in column "G.R." above, compounded annually from the date of judgment. Items denoted with an asterisk (*) covered by health insurance and/or Medicare.

Items denoted with an "M" payable in 12 monthly installments at the discretion of respondent.