

NOTICE OF PUBLIC MEETING  
CRIME VICTIM COMPENSATION PROGRAM  
BOARD MEETING  
OF THE PINAL COUNTY ATTORNEY'S OFFICE  
AND AGENDA

Pursuant to A.R.S. §38-431.02, notice is hereby given to the members of the CRIME VICTIM COMPENSATION PROGRAM BOARD of the Pinal County Attorney's Office and to the general public that the CRIME VICTIM COMPENSATION PROGRAM BOARD will hold a meeting open to the public on **Tuesday, May 19, 2015 at 2:00 p.m.** at the Pinal County Attorney's Office, Victim Services Division 45 N. Florence Street, Florence, Arizona, 85132. One or more members of the Board may participate in this meeting by telephonic conference call. The Board may go into executive session, which will not be open to the public, to discuss certain matters on any of the following agenda items pursuant to A.R.S. 38-431.03(A) (2).

Pursuant to the Americans with Disabilities Act (ADA), the Pinal County Attorney's Office endeavors to ensure the accessibility of its meetings to all persons with disabilities. Persons with a disability may request a reasonable accommodation, such as a sign language interpreter by contacting the Commission office at (520) 866-6805. Requests should be made as early as possible to allow time to arrange the accommodation.

Agenda for the meeting is as follows:

**I. Call to order and Roll Call**

Crime Victim Compensation Board Members:

Patricia Griffen  
Dawn Grout  
Sandra Christopher  
John Tameron

**II. Minutes of the April 21, 2015 Meeting**

**III. Financial Report**

- Status of accounts

**IV. Cases scheduled for consideration of award:**

**OLD BUSINESS (Cases previously considered):**

**VC-13-1571** Request for payment of mental health & travel expenses not covered  
(1 of 2) by a collateral source.

<b>OOP co-pays to claimant for MH</b>	<b>\$290.00</b>
<b>OOP travel expenses for mh appts</b>	<b>\$79.12</b>
<b>Total Expenses to claimant</b>	<b>\$369.12</b>

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-13-1572** Request for payment of mental health expenses not covered by a collateral source.  
(2 of 2)

<b>OOP co-pays to claimant for MH (9 sessions)</b>	<b>\$ 290.00</b>
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**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-14-1611** Request for payment of mental health & travel expenses not covered by a collateral source.  
*\*\*\*This case was Tabled on 4/21/15 as to the request for consideration of payment for mental health for session dated 3/20/15. The Board requested a new treatment plan from the mental health provider, of which has been received by the Compensation Coordinator.*

<b>Oop travel to/from mh appts (23 trips)</b>	<b>\$ 230.92</b>
<b>To Helping Associates, Inc. for 1 hr indiv. Counseling (2 sessions)</b>	<b>\$ 130.00</b>

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-14-1658** Request for payment of mental health expenses not covered by a collateral source.

<b>Larry Burk L.P.C. for 5 sessions</b>	<b>\$ 325.00</b>
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**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-14-1668** Request for payment of mental health expenses not covered by a collateral source.

<b>Valley Anesthesia (for surgery)</b>	<b>\$512.00</b>
<b>Desert Ridge Outpatient Surgery Center</b>	<b>\$ 3,380.00</b>

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-14-1677**  
**(1 of 2)**  
**Related case**  
**VC-15-1794**  
**(New Business)**

Request for payment of funeral expenses not covered by a collateral source.  
**To claimant for oop funeral expenses \$ 3,512.62**

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-14-1712**

Request for payment of medical expenses not covered by a collateral source.

**To RevMD (spend down offer accepted original amount was**  
**\$ 1,615.02) \$ 932.51**

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-14-1728**

Request for payment of loss of wages not covered by a collateral source.

**Adjustment of previous awards for LOW from 3/17/15 & 4/21/15**  
**as the incorrect minimum wage amount was used to calculate the**  
**amount awarded. (used \$7.90 & it should've been \$8.05)**  
**From 3/17/15 the difference in LOW from 7.90 to 8.05 for 19**  
**weeks \$ 114.00**  
**From 4/21/15 the difference in LOW from 7.90 to 8.05 for 5**  
**weeks \$ 30.00**  
**Loss of Wages to Claimant-4 weeks at minimum wage (\$8.05) \$ 1,288.00**  
**Total amount to claimant for LOW \$ 1,432.00**

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-15-1754**

Request for payment of medical expenses not covered by a collateral source.

**\*\*\* This case went before the Board for determination of eligibility on 2/25/15,**  
**the Board Tabled the request asking for more information from the law**  
**enforcement agency.**

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-15-1775**

Request for payment of funeral expenses not covered by a collateral source.

**To Claimant for oop funeral expense \$ 82.04**

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**NEW BUSINESS:**

- VC-14- 1605** Request for determination of eligibility for compensable mental health and travel expenses not covered by a collateral source.
- Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- VC-14- 1676** Request for determination of eligibility for compensable travel expenses not covered by a collateral source.
- Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- VC-15-1765** Request for determination of eligibility for compensable mental health expenses not covered by a collateral source.
- Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- VC-15-1766** Request for determination of eligibility for compensable mental health, travel expenses and loss of income not covered by a collateral source.
- Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- VC-15-1776** Request for determination of eligibility for compensable mental health expenses not covered by a collateral source.
- Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- VC-15-1777** Request for determination of eligibility for compensable mental health and travel expenses not covered by a collateral source.
- Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- VC-15-1784** Request for determination of eligibility for compensable mental health, travel expenses and loss of income not covered by a collateral source.
- Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- VC-15-1787** Request for determination of eligibility for compensable expenses not covered by a collateral source.  
(1 of 2)
- Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- VC-15-1789** Request for determination of eligibility for compensable expenses not covered by a collateral source.  
(2 of 2)

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**VC-15-1794** Request for determination of eligibility for compensable expenses not covered by a  
**(2 of 2)** collateral source.

**Denial** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ **Approved** 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

**V. Call to the Public**

Those wishing to address the Compensation Board need not request permission in advance. Action taken as a result of public comment will be limited to directing Board members to study the matter or rescheduling the matter for further consideration and decision at a later date.

**VI. Date-Time-Location of Next Meeting**

The next proposed Crime Victim Compensation Program Board meeting is scheduled for **Tuesday, June 16, 2015 at 2:00 p.m.** at the Pinal County Attorney’s Office, Victim Services Division (Meeting Room), 45 N. Florence Street, Florence, Arizona.

**VII. Other Business**

- Motion to approve travel expenses for Board members attending the May meeting:

Patricia Griffen, Dawn Grout, Sandra Christopher, & John Tameron

**VIII. Adjournment**

A copy of the agenda background material provided to Compensation Board members is available for public inspection at the Pinal County Attorney’s Office, 45 N. Pinal Street, Florence, AZ, 85132 - (520) 866-6805. This document is available in alternative formats by contacting the Pinal County Attorney’s Office.