

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 **Monday, December 14, 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
Betty Peterson
Sandra Christopher

II. Approval of the Minutes from the November 10, 2015 Meeting

III. Financial Report

- Status of accounts

IV. Cases scheduled for consideration of award:

OLD BUSINESS (Cases previously considered):

VC-09-1231	Request for reimbursement of medical expenses not covered by a collateral source		
	To Maricopa Integrated Health Systems--follow up care to remove hardware	\$	320.00
	To claimant for oop medical expenses already paid to District Medical Group		
	DMG	\$	65.00
	To claimant for oop medical expenses already paid to Maricopa Integrated		
	Health Systems	\$	90.00
	Total amount to claimant	\$	155.00
VC-13-1516	Request for payment of mental health and travel expenses not covered by a collateral source		
	To Claimant for oop mental health/counseling sessions (18) as to victim (A)	\$	730.00
	To Claimant for oop mental health/counseling sessions (18) as to victim (B)	\$	730.00
	To Claimant for oop travel expenses to/from mh sessions		
	RT 68.40 x .575 = \$ 39.33 per trip x 18 trips	\$	707.94
	Total to Claimant	\$	2,167.94
VC-14-1650 (1 of 2)	Request for payment of mental health expenses not covered by a collateral source		
	To Therapeutic Solutions 360 for 4 visits at \$65.00 each	\$	260.00
VC-14-1651 (2 of 2)	Request for payment of mental health expenses not covered by a collateral source		
	To Therapeutic Solutions 360 for 4 visits at \$65.00 each	\$	260.00
VC-14-1668	Request for payment of medical expenses not covered by a collateral source		
	To Advanced Aesthetic Associates Plastic Surgery(spend down amount)	\$	18,321.48
	To claimant for oop medical expenses already paid to AMDX		
	Neurodiagnostic	\$	230.00
	To claimant for oop medical expenses already paid to Advanced Aesthetic		
	Associates Plastic Surgery	\$	50.00
	To claimant for oop medical expenses already paid to Maricopa Integrated		
	Health	\$	38.52
	Total amount to claimant	\$	318.52
VC-14-1728	Request for reimbursement of victim's Loss of Wages not covered by a collateral source		
	To Claimant for Loss of Wages (no collateral used) for 3 weeks	\$	1,610.00

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VC-15-1784	Request for reimbursement of victim’s Loss of Wages not covered by a collateral source	To Claimant for Loss of Wages (collateral used) for 4 weeks	\$ 1, 288.00
VC-15-1797	Request for payment of mental health and travel expenses not covered by a collateral source	To claimant for oop mental health appointments (\$65.00 x 8) =	\$ 520.00
		To claimant for oop travel to/from 19 mental health appointments	
		RT 24.50 x .575 = \$14.09 each trip x 8 trips =	\$ <u>42.27</u>
		Total to claimant	\$ 562.27
VC-15-1801	Request for reimbursement of victim’s Loss of Wages not covered by a collateral source	To Claimant for Loss of Wages (no collateral used)	\$ 2,898.00
VC-15-1812	Request for reimbursement of claimant’s medical expenses not covered by a collateral source	To claimant for reimbursement of medical expenses already paid to	
		Ophthalmic Surgeons	\$ 4,230.40
		To claimant for reimbursement of medical expenses already paid to Arizona	
		Center for Hand Surgery	\$ 125.00
		To claimant for reimbursement of medical expenses already paid to Futures	
		Outpatient Surgery	\$ 3,735.00
		To claimant for reimbursement of medical expenses already paid to Oregon	
		Anesthesia Group	\$ 845.00
		To claimant for reimbursement of medical expenses already paid to Head &	
		Neck Surgical Center	\$ 4,206.00
		To claimant for reimbursement of medical expenses already paid to Head &	
		Neck Surgical Center	\$ <u>392.00</u>
		Total to claimant	\$ 13,533.40
VC-15-1844	Request for payment of mental health expenses and travel expenses not covered by a collateral source.	To provider Valerie Bushwood for mental health 2 visits at \$65.00 each	\$ 130.00
		To claimant for oop travel expenses to/from counseling appointments	
		(2 visits) RT 68.82 x .575 per mile = \$39.57 each trip x 7 trips =	\$ 79.14

NEW BUSINESS:

- VC-15-1858 (1 of 2)** Request for determination of eligibility for compensable mental health, travel and loss of income expenses not covered by a collateral source.
- VC-15-1859 (2 of 2)** Request for determination of eligibility for compensable mental health, travel and loss of income expenses not covered by a collateral source.

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- VC-15-1860** Request for determination of eligibility for compensable mental health, travel and loss of income expenses not covered by a collateral source.
- VC-15-1861** Request for determination of eligibility for compensable mental health and travel expenses not covered by a collateral source.
- VC-15-1862** Request for determination of eligibility for compensable mental health expenses not covered by a collateral source.
- VC-15-1863** Request for determination of eligibility for compensable travel and loss of income expenses not covered by a collateral source.
- VC-15-1864** Request for determination of eligibility for compensable funeral expenses and loss of support not covered by a collateral source.
Request for payment of funeral expenses not covered by a collateral source.
To Angel Valley Funeral Home \$ **993.70**
- VC-15-1865** Request for determination of eligibility for compensable funeral expenses and loss of support not covered by a collateral source.
Request for payment of loss of support not covered by a collateral source.
To claimant for Loss of Support for (8.05 per hr times 40 hrs a week for 45 weeks) \$ **14,490.00**
- VC-15-1866** Request for determination of eligibility for compensable mental health and funeral expenses and loss of support not covered by a collateral source.
Request for payment of funeral expenses not covered by a collateral source.
To J.W. Funeral Services, LLC \$ **9,965.24**

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, January 19, 2016 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 November meeting:

Patricia Griffen, Dawn Grout, Sandra Christopher, & Betty Peterson

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.