

# Office Of Claims And Appeals

## Crime Victims Compensation Board

### Agenda

November 24, 2020

Total  
Claims: **93**

Executive Director Edith Halbleib reported to the Board that for October, 2020:

**Crime Victims Compensation:**

- 27 claims were received
- 27 claims were set up
- 18 full investigations were completed
- 32 claims were assigned or reassigned to investigators
- 11 claims were awarded
  - Total Awarded: \$28,544.72
- 10 claims were denied
- \$4,181.14 received through restitution
- \$915.97 received through donations
- \$0.00 was received through subrogation

**The Sexual Assault Examination Program:**

- 138 claims were received
- 97 claims were set up
- 38 "ineligibles"
- 28 claims were awarded
  - Total Awarded: \$17,263.73
- 13 claims were denied

66 total claims were decided by the Board for October, 2020.

**For Instructions From the Board**

CV-2019-00071/Montgomery, Alan on behalf of XXXX	(Dale Sights)
Grant Award - \$1,690.00	
(Mental Health (Includes Medical Related Medications))	Paid - \$1,455.00
Notes:	

**Recommended Orders - Awards**

CV-2019-00206/Spurlock, Thomas on behalf of Spurlock, Eddie	(Carlo Wessels)
Grant Award - \$5,000.00	
(Funeral/Burial)	Paid -
Notes:	

CV-2020-00014/Washington, Theresa on behalf of Carter, Wesley	(Dale Sights)
Grant Award - \$600.00	
(Funeral/Burial)	Paid -
Notes:	

CV-2020-00054/Cook, Tara on behalf of Minor Child		(Joe Childers)
Grant Award - \$993.88	(Mental Health (Includes Medical Related Medications))	Paid -
Notes:		
CV-2020-00093/Love, Delisa on behalf of Small, Kelsie		(Joe Childers)
Grant Award - \$4,316.00	(Funeral/Burial)	Paid -
Notes:		
CV-2020-00105/Bonds, Tabitha on behalf of Robinson, Devon		(Joe Childers)
Grant Award - \$3,980.15	(Funeral/Burial)	Paid -
Notes:		
CV-2020-00108/Thacker, Theodore		(Dale Sights)
Grant Award - \$1,424.53	(Medical/Dental)	Paid -
Notes:		
CV-2020-00109/Fletcher, Kenneth on behalf of Fletcher, Stefon		(Joe Childers)
Grant Award - \$5,000.00	(Funeral/Burial)	Paid -
Notes:		
CV-2020-00112/Daugherty, Michael on behalf of Daugherty, Nichole		(Joe Childers)
Grant Award - \$4,720.00	(Funeral/Burial)	Paid -
Notes:		
CV-2020-00116/Jones, Candy		(Joe Childers)
Grant Award - \$329.14	(Medical/Dental)	Paid -
Notes:		
CV-2020-00119/Scott, Shawna		(Dale Sights)
Grant Award - \$9,367.67	(Medical/Dental)	Paid -
Notes:		
CV-2020-00123/Slaughter, Decora on behalf of Goff, Jasmine		(Dale Sights)
Grant Award - \$2,965.00	(Funeral/Burial)	Paid -
Notes:		

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CV-2020-00128/Nance, Teresa		(Michael Plummer)
Grant Award - \$1,236.64	(Medical/Dental)	Paid -

Notes:

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CV-2020-00129/Bennah, Kamah on behalf of Hill, Teakemue		(Joe Childers)
Grant Award - \$2,060.55	(Medical/Dental)	Paid -

Notes:

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CV-2020- 00133/Wangsadihardja, Harris		(Dale Sights)
Grant Award - \$12,541.60	(Medical/Dental)	Paid -

Notes:

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CV-2020-00145/Thompson, James		(Michael Plummer)
Grant Award - \$799.16	(Medical/Dental)	Paid -

Notes:

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CV-2020-00151/Gonzalez, Shannon on behalf of Seymour, Richard		(Michael Plummer)
Grant Award - \$750.00	(Funeral/Burial)	Paid -

Notes:

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CV-2020-00159/Tipton, Vicky on behalf of Tipton, Anthony		(Michael Plummer)
Grant Award - \$4,083.00	(Funeral/Burial)	Paid -

Notes:

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CV-2020-00163/McAtee, Tiffani on behalf of McAtee, Marvin		(Michael Plummer)
Grant Award - \$5,000.00	(Funeral/Burial)	Paid -

Notes:

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### **Recommended Orders - Denials**

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CV-2017-00077/Cruz, Maria on behalf of Cruz, Jose		(Dale Sights)
Grant Award - \$0.00	(Paid by other sources)	Paid -

Notes:

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CV-2019-00215/Collins, Ricky		(Joe Childers)
Grant Award - \$0.00	(Failure to Perfect Claim)	Paid -

Notes:

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CV-2020-00063/Hunt, Kenzie		(Michael Plummer)
Grant Award - \$0.00	(Filing False Claim)	Paid -

Notes: Claim was dismissed by the Board for failure to perfect only

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CV-2020-00096/Brady, Loretta (Delana Sanders)

Grant Award - \$0.00 (Not victim of criminally injurious conduct by statute) Paid -

Notes:

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CV-2020-00099/Grey, Sonya (Michael Plummer)

Grant Award - \$0.00 (Failure to Perfect Claim) Paid -

Notes: Exceptions were filed and reviewed

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CV-2020-00118/Stahl, James (Michael Plummer)

Grant Award - \$0.00 (Failure to Perfect Claim) Paid -

Notes:

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CV-2020-00121/Dawson, Devonda on behalf of Dawson, Devon (Joe Childers)

Grant Award - \$0.00 (Not victim of criminally injurious conduct by statute) Paid -

Notes:

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CV-2020-00125/Brickey, Sharon (Joe Childers)

Grant Award - \$0.00 (Not victim of criminally injurious conduct by statute) Paid -

Notes: Exceptions were filed and reviewed

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CV-2020-00136/Raeber, Timothy (Michael Plummer)

Grant Award - \$0.00 (Paid by other sources) Paid -

Notes:

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### Sexual Assault Examination Awards

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SA-2020-00646/Baptist Health Louisville on behalf of XXXX

Grant Award - \$181.21 Sexual Assault Exam Fee Paid -

Notes: All Women OB/Gyn: Balance after Insurance-\$40  
Baptist Health Louisville: Balance after Insurance - \$141.21

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SA-2020-00649/Baptist Health Louisville on behalf of XXXX

Grant Award - \$690.00 Sexual Assault Exam Fee Paid -

Notes: Balance after Insurance

SA-2020-00671/Baptist Health  
Louisville on behalf of XXXX

Grant Award - \$386.74

Notes: Balance after Insurance

Sexual Assault Exam Fee

Paid -

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SA-2020-00656/Cincinnati  
Children's Hospital Medical C  
enter on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00657/Cincinnati  
Children's Hospital Medical  
Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00658/Cincinnati  
Children's Hospital Medical  
Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00659/Cincinnati  
Children's Hospital Medical  
Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00660/Cincinnati  
Children's Hospital Medical  
Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00661/Cincinnati  
Children's Hospital Medical C  
enter on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00662/Cincinnati  
Children's Hospital Medical Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00663/Cincinnati  
Children's Hospital Medical Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00664/Cincinnati  
Children's Hospital Medical Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00665/Cincinnati  
Children's Hospital Medical Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00666/Cincinnati  
Children's Hospital Medical Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00667/Cincinnati  
Children's Hospital Medical Center on behalf of XXXX

Grant Award - \$450.00

Notes: Exam, Fac.

Sexual Assault Exam Fee

Paid -

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SA-2020-00591/Hardin  
Memorial Hospital on behalf of XXXX

Grant Award - \$351.35

Notes: Balance after Insurance

Sexual Assault Exam Fee

Paid -

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SA-2020-00672/Lake  
Cumberland CAC on behalf of  
XXXX

Grant Award - \$538.00                      Sexual Assault Exam Fee                      Paid -

Notes: CAC Fee

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SA-2020-00673/Lake  
Cumberland CAC on behalf of  
XXXX

Grant Award - \$538.00                      Sexual Assault Exam Fee                      Paid -

Notes: CAC Fee

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SA-2020-00674/Lake  
Cumberland CAC on behalf of  
XXXX

Grant Award - \$538.00                      Sexual Assault Exam Fee                      Paid -

Notes: CAC Fee

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SA-2020-00675/Lake  
Cumberland CAC on behalf of  
XXXX

Grant Award - \$538.00                      Sexual Assault Exam Fee                      Paid -

Notes: CAC Fee

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SA-2020-00676/Murray  
Calloway County Hospital on b  
ehalf of XXXX

Grant Award - \$347.70                      Sexual Assault Exam Fee                      Paid -

Notes: Balance after Insurance

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SA-2020-00677/Murray  
Calloway County Hospital on  
behalf of XXXX

Grant Award - \$650.00                      Sexual Assault Exam Fee                      Paid -

Notes: Exam, Fac., Lab, Med

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SA-2020-00678/Murray  
Calloway County Hospital on b  
ehalf of XXXX

Grant Award - \$420.16                      Sexual Assault Exam Fee                      Paid -

Notes: Balance after Insurance

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SA-2020-00521/Norton  
Women`s and Children`s  
Hospital on behalf of XXXX

Grant Award - \$100.70                      Sexual Assault Exam Fee                      Paid -

Notes: Balance after Insurance

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SA-2020-00687/Pennyrile  
Children's Advocacy Center on  
behalf of XXXX

Grant Award - \$538.00                      Sexual Assault Exam Fee                      Paid -

Notes: CAC Fee

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SA-2020-00688/Pennyrile  
Children's Advocacy Center on  
behalf of XXXX

Grant Award - \$538.00                      Sexual Assault Exam Fee                      Paid -

Notes: CAC Fee

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SA-2020-00689/St Elizabeth  
Covington Hospital on behalf of  
XXXX

Grant Award - \$327.86                      Sexual Assault Exam Fee                      Paid -

Notes: Balance after Insurance

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SA-2020-00516/St. Elizabeth  
Healthcare on behalf of  
XXXX

Grant Award - \$650.00                      Sexual Assault Exam Fee                      Paid -

Notes: Exam, Fac., Lab, Med

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SA-2020-00668/Twin Lakes  
Regional Medical Center on b  
ehalf of XXXX

Grant Award - \$550.00                      Sexual Assault Exam Fee                      Paid -

Notes: Exam, Fac., Lab

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SA-2020-00634/University of L  
ouisville Hospital on behalf of  
XXXX

Grant Award - \$650.00                      Sexual Assault Exam Fee                      Paid -

Notes: Exam, Fac., Lab, Med

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SA-2020-00638/University of L  
ouisville Hospital on behalf of  
XXXX

Grant Award - \$390.00                      Sexual Assault Exam Fee                      Paid -

Notes: Balance after Insurance

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SA-2020-00639/University of L  
ouisville Hospital on behalf of  
XXXX

Grant Award - \$647.00                      Sexual Assault Exam Fee                      Paid -

Notes: Exam, Fac., Lab, Med

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SA-2020-00680/University of L  
ouisville on behalf of XXXX

Grant Award - \$89.00

Notes: Balance after Insurance

Sexual Assault Exam Fee

Paid -

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SA-2020-00685/University of L  
ouisville on behalf of XXXX

Grant Award - \$390.00

Notes: Balance after Insurance

Sexual Assault Exam Fee

Paid -

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SA-2020-00686/University of L  
ouisville on behalf of XXXX

Grant Award - \$110.00

Notes: Balance after Insurance

Sexual Assault Exam Fee

Paid -

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SA-2020-00694/University of L  
ouisville Hospital on behalf of  
XXXX

Grant Award - \$391.16

Notes: Balance after Insurance

Sexual Assault Exam Fee

Paid -

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SA-2020-00777/University of L  
ouisville Hospital on behalf of  
XXXX

Grant Award - \$550.00

Notes: Exam, Fac., Med

Sexual Assault Exam Fee

Paid -

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### **Sexual Assault Examination Denials**

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SA-2020-00446/Hardin  
Memorial Hospital on behalf of  
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Grant Award - \$0.00

Notes: DENY-Insurance Paid

Insurance

Paid -

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SA-2020-00519/Hardin  
Memorial Hospital on behalf of  
XXXX

Grant Award - \$0.00

Notes: DENY-Insurance Paid

Insurance

Paid -

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SA-2020-00520/Hardin  
Memorial Hospital on behalf of  
XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00517/Highlands  
Appalachian Regional Hospital  
on behalf of XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY - Insurance Paid

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SA-2020-00557/Lake  
Cumberland Regional Hospital  
MR/MH on behalf of XXXX

Grant Award - \$0.00 Claim Withdrawn Paid -

Notes: Duplicate Claim

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SA-2020-00619/Medical Center  
Bowling Green on behalf of  
XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY -- Insurance Paid

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SA-2020-00369/Mercy Health L  
ourdes - Paducah on behalf of  
XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00420/Mercy Health L  
ourdes - Paducah on behalf of  
XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00482/Mercy Health L  
ourdes - Paducah on behalf of  
XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00537/Ohio County  
Hospital on behalf of XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY - Insurance Paid

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SA-2020-00524/Pikeville  
Medical Center on behalf of X  
XXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY - Insurance Paid

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SA-2020-00525/Pikeville  
Medical Center on behalf of X  
XXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY - Insurance Paid

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SA-2020-00376/Saint Joseph  
Jessamine on behalf of XXXX

Grant Award - \$0.00 Failure to Perfect Claim Paid -

Notes: Failure to Perfect

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SA-2020-00377/Saint Joseph  
London on behalf of XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00378/Saint Joseph  
London on behalf of XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00379/Saint Joseph  
London on behalf of XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00380/Saint Joseph  
London on behalf of XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00381/Saint Joseph  
London on behalf of XXXX

Grant Award - \$0.00 Insurance Paid -

Notes: DENY-Insurance Paid

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SA-2020-00382/Saint Joseph  
London on behalf of XXXX

Grant Award - \$0.00

Notes: DENY-Insurance Paid

Insurance

Paid -

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SA-2020-00383/Saint Joseph  
London on behalf of XXXX

Grant Award - \$0.00

Notes: DENY-Insurance Paid

Insurance

Paid -

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SA-2020-00585/St. Joseph Lo  
ndon on behalf of XXXX

Grant Award - \$0.00

Notes: DENY - Insurance Paid

Insurance

Paid -

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SA-2020-00384/Three Rivers  
Medical Center on behalf of X  
XXX

Grant Award - \$0.00

Notes: Refuse to submit UB-04 or give details on insurance payments received

Failure to Perfect Claim

Paid -

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SA-2020-00636/University of L  
ouisville Hospital on behalf of  
XXXX

Grant Award - \$0.00

Notes: DENY - Insurance Paid

Insurance

Paid -

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SA-2020-00637/University of L  
ouisville Hospital on behalf of  
XXXX

Grant Award - \$0.00

Notes: DENY - Insurance Paid

Insurance

Paid -

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SA-2020-00679/University of  
Louisville on behalf of  
XXXX

Grant Award - \$0.00

Notes: DENY - Insurance Paid

Insurance

Paid -

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SA-2020-00681/University of  
Louisville on behalf of XXXX

Grant Award - \$0.00

Notes: DENY - Insurance Paid

Insurance

Paid -

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SA-2020-00684/University of  
Louisville on behalf of XXXX

Grant Award - \$0.00

Notes: Deny- Insurance Paid

Insurance

Paid -

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SA-2020-00696/University of L  
ouisville Hospital on behalf of  
XXXX

Grant Award - \$0.00

Notes: DENY - Insurance Paid

Insurance

Paid -

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