**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, February 19, 2019 at 2:00 p.m.** at the Pinal County Attorney’s Office, Front Meeting Room at 30 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:

Dawn Grout

Michael Hing

Barbara Kelly

Betty Peterson

Sandra Walker

Katherine Miller

**II. Approval of the Minutes from the January 15, 2018 Meeting**

**III. Financial Report**

* Status of accounts

**IV. New Case Consent agenda: None**

**V. Previously Approved/Old Case Consent Agenda**

|  |  |  |  |
| --- | --- | --- | --- |
| **VC-16-1998** | To MH provider for MH expenses and travel |  |  |
|  | To MH provider for 2 MH appts on 1/10/19 and 1/24/19 at $80.00 each  | $ | 160.00 |
|  | To claimant for travel on 1/10/19 and 1/24/19 to and from counseling sessions (RT 26.2\*$.58=15.20\*2) | $ | 30.40 |
|  |  |  |  |
| **VC-16-2064** | To MH provider for MH expenses  |  |  |
|  | To MH provider for 2 MH sessions on 1/11/19 and 1/18/19 at $80.00 each  | $ | 160.00 |
|  |  |  |  |
| **VC-17-2229** | To MH provider for MH expenses |  |  |
|  | To MH provider for 2 MH appts on 1/10/19 and 1/16/19 at 80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-17-2259** | To MH provider for MH expenses |  |  |
|  | To MH provider for 2 MH appts on 1/3/19 and 1/10/19 at $80.00 each  | $ |  160.00 |
|  |  |  |  |
| **VC-17-2270** | To MH provider for 16 MH appts on 6/20/18, 6/29/18, 7/20/18, 7/30/18, 8/24/18, 9/7/18, 9/21/18, 10/22/18, 10/30/18, 11/5/18, 11/20/18, 12/18/18, 1/2/19, 1/8/19, 1/15/19 and 1/31/19 at $80.00 each  | $ | 1280.00 |
|  | To claimant for travel to and from counseling on 6/20/18, 6/29/18, 7/20/18, 7/30/18, 8/24/18 and 9/7/18 Roundtrip(RT)22mi\*$.58=$12.76\*6 | $ | 76.56 |
|  |  |  |  |
| **VC-18-2281 (1 of 3)** | To MH provider for MH expenses  |  |  |
|  | To MH provider for 3 MH appts on 1/4/19, 1/11/19 and 1/18/19 at $80.00 each | $ | 240.00 |
| **VC-18-2282 (2 of 3)** | To MH provider for MH expenses |
|  | To MH provider for 3 MH appts on 1/4/19, 1/11/19 and 1/18/19 at $80.00 each | $ | $240.00 |
|  |  |  |  |
| **VC-18-2283 (3 of 3)** | To MH provider for MH expenses |
|  | To MH provider for 3 MH appts on 1/4/19, 1/11/19 and 1/18/19 at $80.00 each | $ | 240.00 |
|  |  |  |  |
| **VC-18-2289 (1 of 2)** | To MH provider for MH expenses |
|  | To MH provider for 2 MH appt on 1/4/19 and 1/17/19 at $80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-18-2290 ( 2 of 2)** | To MH provider for MH expenses |
|  | To MH provider for 2 MH appt on 1/4/19 and 1/17/19 at $80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-18-2315** | To MH provider for MH expenses |  |  |
|  | To MH provider for 3 MH appts on 12/27/18 , 1/10/19, 1/14/19 and 1/24/19 at $80.00 each | $ |  320.00 |
|  |  |  |  |
| **VC-18-2398** | To MH provider for MH expenses  |  |  |
|  | To MH provider for 2 MH appts on 1/10/19 and 1/15/19 for $80.00 | $ | 160.00 |

**VI. Cases scheduled for consideration of award (regular discussion agenda):**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **VC-14-1712** | To provider for medical expenses  |  |  |
|  | To Desert Sun Emergency Physicians for ER visit billed at $941.00 on 5/23/14 | $ | 564.60 |
|  | To Desert Sun Emergency Physicians for ER visit billed at $1,115.00 on 8/5/14 | $ | 682.50 |
|  | To Desert Sun Emergency Physicians for ER visit billed at $1,526.00 on 11/7/14 | $ | 888.00 |
|  | Total to provider | $ | **2,135.10** |
|  |  |  |  |
| **VC-16-2043** | To provider for medical expenses  |  |  |
|  | To Rural Metro for ambulance ride on 10/14/15 billed at $907.92 | $ | 578.96 |
|  |  |  |  |
| **VC-16-2060** | To claimant for travel expenses  |  |  |
|  | To claimant for travel to and from court hearings RT27\*$0.58\*16 trips on 10/28/16, 11/29/16, 1/3/17, 2/17/17, 3/24/17, 4/7/17, 4/28/17, 5/26/17, 7/28/17, 9/8/17, 10/27/17, 1/19/18, 2/16/18, 10/3/18, 11/9/18&12/21/18 | $ | 501.12 |
|  |  |  |  |
| **VC-17-2127 (1 of 2)** | To claimant for travel expenses to and from court |  |  |
|  | To claimant for travel to and from Pinal County Superior Court hearing on 1/11/19 (RT 158.2mi\*$.58) | $ | 91.76 |
|  |  |  |  |
| **VC-17-2128 (2 of 2)** | To claimant for travel expenses to and from court |  |  |
|  | To claimant for travel to and from Pinal County Superior Court hearing on 1/11/19 (RT 158.2mi\*$.58) | $ | 91.76 |
|  |  |  |  |
| **VC-18-2332** | To provider for medical expenses |  |  |
|  | To Phoenix Children’s Hospital for ER visit on 5/7/18 | $ | 193.00 |
|  | To Phoenix Children’s Hospital for ER visit and lab test on 5/7/18 billed at $1,427 | $ | 838.50 |
|  | Total to Phoenix Children’s Hospital | $ | 1,031.50 |

|  |  |
| --- | --- |
| **VC-18-2336** | To medical providers for medical expenses |
|  | To Bureau of Medical Economics for medical expenses at Sierra Estrellas Emer Phys, LLC for ER visit- Dr. Budnick billed at $2,419.00 on 4/12/18 | $ | 2,298.05 |
|  | To Bureau of Medical Economics for medical expenses at Sierra Estrellas Emer Phys, LLC for ER visit-Dr. Booth on 4/26/18 | $ | 55.00 |
|  | To State Collection for medical expenses at Mountain Vista Medical Center for medical expenses billed at $4,285.31 on 4/12/18 | $ | 2,267.66 |
|  | To Gulf Coast Collection Bureau for medical expenses-imaging billed at $748.00 on 4/12/18 | $ | 499.00 |
|  |  |  |  |
| **VC-18-2390** | To medical providers and claimant for medical expenses/prescriptions |  |  |
|  | To Arrowhead Collections for Valley Anesthesiology Consultants on 1/31/18  | $ | 135.00 |
|  | To Simon Med Imaging on 2/8/18 | $ | 89.74 |
|  | To claimant for oop medical expense-Bacitracin Ointment and Neil cleanse wound wash on 11/10/17  | $ | 25.04 |
|  | To claimant for (oop) medical expense-L/Solution cotton twine on 2/5/18 | $ | 3.49 |
|  | To claimant for oop medical expenses/prescription –Ibuprofen on 2/9/18 | $ | 1.79 |
|  | To claimant for oop medical expenses/prescription-Gabapentin on 6/21/18 | $ | 3.52 |
|  | To claimant for oop medical expense/prescription for Gabapentin and Ibuprofen on 8/9/18 | $ | 19.28 |
|  | To claimant for oop medical expenses to San Tan Physical Therapy on 2/8/18, 2/21/18, 2/23/18, 2/28/18 at $45.00 each and 3/2/18 at $25.00 | $ | 205.00 |
|  | To claimant for out-of-pocket dental expense to Oral & Maxillofacial on 2/13/18 | $ | 304.00 |
|  | To claimant for out-of-pocket (oop) medical expenses to Dr. Neil E. Motzkin on 1/9/18, 1/10/18, 3/7/18 and 3/9/18 at $45.00 each | $ | 180.00 |
|  | To claimant for oop dental expense to Perfect Teeth on 2/1/18 | $ | 636.60 |
|  | To claimant for oop dental expense to Perfect Teeth on 2/19/19 | $ | 814.60 |
|  | To claimant for oop dental expense to Perfect Teeth on 8/28/18 | $ | 862.72 |
|  | **Total to claimant** | $ | **3,056.04** |
| **VC-18-2403** | To claimant and provider for medical expenses |  |  |
|  | To claimant for oop expenses paid to Banner Goldfield Medical Center for ER visit on 8/14/18 | $ | 131.52 |
|  | To claimant for oop expenses paid to Emergency Professional Services PC for ER physician on 8/14/18 | $ | 156.28 |
|  | Total to claimant | $ | **287.80** |
|  | To Superstition Fire for ambulance on 8/14/18 | $ | 909.82 |
|  |  |  |  |
| **VC-18-2418** | To claimant for work loss |
|  | To claimant for work loss $440.00\*10 weeks from 8/19/18-10/24/18  | $ | 1,440.00 |
|  |  |  |  |
| **VC-18-2419** | Request for re-determination of general eligibility for compensable mental health expenses not covered by a collateral source due to claim voted tabled on 1/15/19 pending further documentation for application time later than required and payment to claimant for travel  |
|  | To claimant for travel to and from court hearing RT 85.6\*$0.58\*15 trips on 4/20/17, 4/25/17, 4/26/17, 4/27/17, 5/1/17, 5/2/17, 5/3/17, 5/4/17, 6/7/17, 9/26/17, 10/17/17, 5/8/18, 7/13/18, 7/27/18&10/5/18 | $ | 744.75 |

**VII. NEW BUSINESS:**

|  |  |
| --- | --- |
| **VC-18-2393 (1 of 3)** | Request for determination of general eligibility for compensable medical, mental health and travel expenses not covered by a collateral source. |
|  |  |
| **VC-18-2394 (2 of 3)** | Request for determination of general eligibility for compensable mental health, work loss and travel expenses not covered by a collateral source. |
|  |  |
| **VC-18-2395 (3 of 3)** | Request for determination of general eligibility for compensable mental health expenses not covered by a collateral source.  |
|  |  |
| **VC-18-2440** | Request for determination of general eligibility for compensable funeral expenses not covered by a collateral source and approval of payment to funeral home for funeral expenses at $1,641.62 not covered by a collateral source. |
|  |  |
| **VC-18-2441** | Request for determination of general eligibility for compensable mental health expenses not covered by a collateral source. |
|  |  |
| **VC-19-2442** | Request for determination of general eligibility for compensable funeral, medical and mental health expenses not covered by a collateral source and approval of payment to claimant for out of pocket funeral expenses at $890.00 not covered by a collateral source. |
|  |  |
| **VC-19-2443** | Request for determination of general eligibility for compensable mental health, work loss and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2444** | Request for waiver of 2 year application requirement, determination of eligibility for compensable funeral and travel expenses and approval of payment to claimant for funeral expense $460.00 and travel to and from court RT30.6\*$0.58\*17 trips=$603.50 totaling $1063.50 not covered by a collateral source. |
|  |  |
| **VC-19-2445** | Request for determination of general eligibility for compensable medical and work loss expenses not covered by a collateral source. |
|  |  |
| **VC-19-2446** | Request for determination of general eligibility for compensable medical, mental health and work loss expenses not covered by a collateral source. |
|  |  |
| **VC-19-2451** | Request for determination of general eligibility for compensable travel expenses not covered by a collateral source and approval of payment to claimant for travel to and from court hearing RT57.8\*$0.58\*4 trips=$134.08 not covered by a collateral source. |

**VIII. 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.

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

 The next proposed Crime Victim Compensation Program Board meeting is scheduled for **Tuesday, March 19, 2019 at 2:00 p.m.** at the Pinal County Attorney’s Office, Front Meeting Room. 30 N. Florence Street, Florence, Arizona.

**X. Other Business**

* Motion to approve travel expenses for Board members attending the November meeting:

|  |  |
| --- | --- |
| Dawn Grout | $34.32 |
| Michael Hing | $33.90 |
| Katherine Miller | $50.41 |

**XI. 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.