**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, March 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 February 19, 2018 Meeting**

**III. Financial Report**

* Status of accounts

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **VC-16-1950** | To MH provider for medical expense and to claimant for travel  |  |  |
|  | To JYDES Family Clinic for medication management with Dr. A. Babalakin on 1/12/19 | $ | 200.00 |
|  | To claimant for travel to and from Jydes Family Clinic on 1/12/19 (RT 11.40\*$0.58=$6.61) | $ | 6.61 |
|  |  |  |  |
| **VC-16-1998** | To MH provider for MH expenses and travel |  |  |
|  | To MH provider for 3 MH appts on 2/7/19, 2/14/19 and 2/21/19 at $80.00 each  | $ | 240.00 |
|  | To claimant for travel on 2/7/19, 2/14/19 and 2/21/19 to and from counseling sessions (RT 26.2\*$.58=15.20\*3) | $ | 45.60 |
|  |  |  |  |
| **VC-16-2064** | To MH provider for MH expenses  |  |  |
|  | To MH provider for 1 MH sessions on 1/25/19 at $40.00 each  | $ | 40.00 |
|  |  |  |  |
| **VC-16-2096** | To MH provider for MH expenses and travel |  |  |
|  | To MH provider for 3 MH appts on 1/3/19, 1/10/19, 1/17/19, 1/24/19, 1/31/19 and 2/7/19 at $80.00 each  | $ | 480.00 |
|  | To claimant for travel on 1/3/19, 1/10/19, 1/17/19, 1/24/19, 1/31/19 and 2/7/19 to and from counseling sessions (RT40.6\*$.58=23.55\*6 | $ | 141.30 |
|  |  |  |  |
| **VC-17-2229**  | To MH provider for MH expenses (claimant and victim using same application) |  |  |
| **(a) victim** | To MH provider for 6 MH appts on 1/23/19, 1/30/19, 2/6/19, 2/13/19, 2/20/19 and 2/27/19 at 80.00 each | $ | 480.00 |
| **(b) claimant** | To MH provider for 2 MH appts on 2/20/19 and 2/27/19 at 80.00 each | $ | 160.00 |
|  | **Total** |  | **$640.00** |
|  |  |  |  |
| **VC-17-2259** | To MH provider for MH expenses |  |  |
|  | To MH provider for 5 MH appts on 1/24/19, 1/31/19, 2/7/19, 2/14/19 and 2/21/19 at $80.00 each  | $ |  400.00 |
|  |  |  |  |
| **VC-18-2281 (1 of 3)** | To MH provider for MH expenses  |  |  |
|  | To MH provider for 2 MH appts on 1/25/19 and 2/1/19 at $80.00 each | $ | 160.00 |
| **VC-18-2282 (2 of 3)** | To MH provider for MH expenses |
|  | To MH provider for 2 MH appts on 1/25/19 and 2/1/19 at $80.00 each | $ | $160.00 |
|  |  |  |  |
| **VC-18-2283 (3 of 3)** | To MH provider for MH expenses |
|  | To MH provider for 2 MH appts on 1/25/19 and 2/1/19 at $80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-18-2289 (1 of 2)** | To MH provider for MH expenses |
|  | To MH provider for 2 MH appts on 1/24/19 at $60.00 and 2/22/19 at $80.00  | $ | 140.00 |
|  |  |  |  |
| **VC-18-2290 ( 2 of 2)** | To MH provider for MH expenses |
|  | To MH provider for 3 MH appts on 1/24/19 at $ 60.00 and on 2/14/19 and 2/22/19 at $80.00 each | $ | 220.00 |
|  |  |  |  |
| **VC-18-2315** | To MH provider for MH expenses |  |  |
|  | To MH provider for 1 MH appts on 2/7/18 at $80.00  | $ |  80.00 |
|  |  |  |  |
| **VC-18-2319** | To MH provider for MH expenses |
| **(1 of 2)** | To MH provider for 2 MH appts on 1/29/19 and 2/12/19 at $80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-18-2320** | To MH provider for MH expenses  |  |  |
| **(2 of 2)** | To MH provider for 2 MH appts on 1/29/19 and 2/12/19 at $80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-18-2398** | To MH provider for MH expenses  |  |  |
|  | To MH provider for 3 MH appts on 1/29/19, 2/5/19 and 2/20/19 for $80.00 | $ | 240.00 |
|  |  |  |  |

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

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

|  |  |
| --- | --- |
| **VC-17-2128**  | Re-determine approval of payment to the claimant for travel expenses to and from the court due to claim was voted tabled on 2/19/19 pending further information. |
|  | To claimant for travel to and from Pinal County Superior Court hearing on 1/11/19 (RT 158.2mi\*$.58) | $ | 91.76 |
|  |  |  |  |
| **VC-17-2244** | To claimant for travel expenses  |
|  | To claimant for travel to and from Pinal County Superior Court hearing on 2/11/19 (RT 63.4mi\*$.58=$36.77) | $ | 36.77 |
| . |  |  |  |
| **VC-18-2336** | To provider for medical expenses |
|  | To State Collection for medical expenses at Mountain Vista Medical Center at $940.29 to complete the settlement on 4/12/18 | $ | 940.29 |
| **VC-18-2369** | To claimant for travel to and from court hearing |
|  | To claimant for travel to and from Pinal County Superior Court on 3/11/19 (RT50.4\*$.58)=$29.23 | $ | 29.23 |
|  |  |  |  |
| **VC-18-2390** | To claimant for out-of-pocket (oop) medical expenses |  |  |
|  | To claimant for oop medical expenses to Family First Physicians | $ | 30.00 |
|  |  |  |  |
| **VC-18-2393 (1 of 3)** | Request for re-determination of general eligibility for compensable medical, mental health and travel expenses not covered by a collateral source based on coordinator’s review of guidelines. |
|  |  |  |  |
| **VC-18-2394 (2 of 3)** | Request for re-determination of general eligibility for compensable medical, mental health and travel expenses not covered by a collateral source based on coordinator’s review of guidelines. |
|  |  |  |  |
| **VC-18-2395 (3 of 3)** | Request for re-determination of general eligibility for compensable medical, mental health and travel expenses not covered by a collateral source based on coordinator’s review of guidelines. |

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| **VC-18-2424** | To MH provider for MH expenses  |
|  | To MH provider for 5 MH appts on 1/22/19, 1/28/19, 2/6/19, 2/12/19 and 2/22/19 at $80.00 each | $ | 400.00 |
|  |  |  |  |
| **VC-18-2429** | To MH provider for MH expenses  |
| **(1 of 4)** | To MH provider for 2 MH appts on 2/6/19 and 2/7/19 at $80.00 each  | $ | 160.00 |
|  |  |  |  |
| **VC-18-2430** | To MH provider for MH expenses  |  |  |
| **(2 of 4)** | To MH provider for 2 MH appts on 2/6/19 and 2/7/19 at $80.00 each  | $ | 160.00 |
|  |  |  |  |
| **VC-18-2431** | To MH provider for MH expenses |  |  |
| **(3 of 4)** | To MH provider for 2 MH appts on 2/6/19 and 2/7/19 at $80.00 each  | $ | 160.00 |
|  |  |  |  |
| **VC-18-2432** | To MH provider for MH expenses  |
| **(4 of 4)** | To MH provider for 2 MH appts on 2/6/19 and 2/7/19 at $80.00 each  | $ | 160.00 |
|  |  |  |  |
| **VC-18-2438** | To Medical Provider and claimant for medical expenses  |  |  |
|  | To Rural Metro Fire Dept-EMS-response fee on 11/17/18 | $ | 600.00 |
|  | To Southwest Ambulance of Casa Grande, Inc-AMR billed at $1,610.27 | $ | 930.14 |
|  | To Southwest Diagnostic Imaging-SDI on 11/17/18 | $ | 28.83 |
|  | To Emergency Professional Services PC on 11/17/18 | $ | 56.74 |
|  | To claimant for out-of-pocket medical expenses-Walg Non-stick pad/bandage roll, antibiotic ointment, clear tape, ibuprofen on 11/17/18 | $ | 25.71 |
|  | To claimant for out-of-pocket medical expenses-Walg Wound Care 25PC kit on 11/28/18 | $ | 7.12 |
|  |  **Total to claimant** | **$** | **32.83** |
|  |  |  |  |
| **VC-19-2451** | To claimant for travel to and from court hearing |
|  | To claimant for travel to and from Pinal County Superior Court on 3/11/19 (RT57.6mi\*$.58)=$33.41 | $ | 33.41 |

**VII. NEW BUSINESS:**

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| --- | --- |
| **VC-19-2448** | Request for determination of general eligibility for compensable mental health and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2449 (1 of 2)** | Request for determination of general eligibility for compensable medical, mental health and travel expenses not covered by a collateral source.  |
|  |  |
| **VC-19-2450 (2 of 2)** | Request for determination of general eligibility for compensable medical, mental health and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2452** | Request for determination of general eligibility for compensable funeral expenses not covered by a collateral source and approval for payment to claimant for oop funeral expenses at $1,531.01 not covered by a collateral source. |
|  |  |
| **VC-19-2453** | Request for determination of general eligibility for compensable medical and work loss expenses not covered by a collateral source. |
|  |  |
| **VC-19-2454** | Request for determination of general eligibility for compensable medical, mental health, work loss, crime scene clean-up and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2455** | Request for determination of general eligibility for compensable work loss expenses not covered by a collateral source and approval for payment to claimant for work loss $440.00\*13 weeks= $5,720.00 not covered by a collateral source. |
|  |  |
| **VC-19-2457** | Request for determination of general eligibility for compensable mental health and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2458** | Request for determination of general eligibility for compensable work loss and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2459** | Request for determination of general eligibility for compensable funeral expenses not covered by a collateral source and approval of payment to claimant for already paid funeral expenses at $1,564.04 not covered by a collateral source. |
|  |  |
| **VC-19-2460** | Request for determination of general eligibility for compensable medical, mental health and travel expenses 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, April 16, 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 February meeting:

|  |  |
| --- | --- |
| Dawn Grout | $34.32 |
| Michael Hing | $33.90 |

**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.