**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, April 16, 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

**II. Approval of the Minutes from the March 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 3/30/19 | $ | 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 1 MH appts on 3/25/19 at $80.00 each | $ | 80.00 |
|  | To claimant for travel on 3/25/19 to and from counseling sessions (RT 26.2\*$.58) | $ | 15.20 |
|  |  |  |  |
| **VC-17-2229** | To MH provider for MH expenses |  |  |
|  | To MH provider for 2 MH appts on 3/6/19 and 3/20/19 at 80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-17-2259** | To MH provider for MH expenses |  |  |
|  | To MH provider for 1 MH appts on 3/7/19 at $80.00 | $ | 80.00 |
|  |  |  |  |
| **VC-18-2289 (1 of 2)** | To MH provider for MH expenses | | |
|  | To MH provider for 3 MH appts on 3/1/19, 3/8/19 and 3/29/19 at $80.00 | $ | 240.00 |
|  |  |  |  |
| **VC-18-2290 ( 2 of 2)** | To MH provider for MH expenses | | |
|  | To MH provider for 3 MH appts on 3/1/19, 3/8/19 and 3/29/19 at $80.00 | $ | 240.00 |
|  |  |  |  |
| **VC-18-2315** | To MH provider for MH expenses |  |  |
|  | To MH provider for 2 MH appts on 3/7/19 and 3/21/19 at $80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-18-2319** | To MH provider for MH expenses | | |
| **(1 of 2)** | To MH provider for 1 MH appts on 3/6/19 at $80.00 each | $ | 80.00 |
|  |  |  |  |
| **VC-18-2320** | To MH provider for MH expenses |  |  |
| **(2 of 2)** | To MH provider for 1 MH appts on 3/6/19 at $80.00 each | $ | 80.00 |
|  |  |  |  |
| **VC-18-2322 (related to VC-18-2420)** | To MH provider for MH expenses |  |  |
|  | To MH provider for 6 MH appts on 2/4/19, 2/11/19, 2/25/19, 3/4/19, 3/11/19 and 3/25/19 | $ | 480.00 |
|  |  |  |  |
| **VC-18-2398** | To MH provider for MH expenses |  |  |
|  | To MH provider for 2 MH appts on 3/5/19 and 3/19/19 at $80.00 each | $ | 160.00 |
|  |  |  |  |
| **VC-18-2424** | To MH provider for MH expenses |  |  |
|  | To MH provider for 2 MH appts on 3/6/19 and 3/19/19 at $80.00 each | $ | 160.00 |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **VC-14-1673** | To claimant for travel expenses | | |
|  | To claimant for travel to and from court hearing RT67.8\*0.58\*9 tripson 11/6/18, 11/14/18, 11/19/18, 11/20/18, 11/21/18, 11/26/18, 11/27/18, 11/28/18&12/20/18 | $ | 353.88 |
|  |  |  |  |
| **VC-17-2118 ( 1 of 2)** | To medical provider and claimant for medical expenses | | |
|  | To Midwestern University Eye Institute for medical expenses | $ | 14.54 |
|  | To claimant for out-of-pocket medical expenses to Midwestern University Eye Institute | $ | 50.00 |
|  | To Midwestern University Eye Institute for prescription back-up pair of lens | $ | 555.00 |
|  |  |  |  |
| **VC-17-2119 (2 of 2)** | To claimant for travel to and from medical appointments | | |
|  | To claimant for travel to and from Midwestern University Eye Institute on 12/7/18 and 2/26/19 (RT 143.2mi\*$.58)=83.06\*2 | $ | 166.12 |
|  |  | | |
| **VC-18-2377** | To claimant for work loss | | |
|  | To claimant for work loss $440.00\*55 weeks from 1/10/18 to 1/30/19 | $ | 24,200.00 |
|  | To claimant for work loss $31.88 on 1/31/19 | $ | 31.88 |
|  | Total to claimant | $ | **24,231.88** |
|  |  |  |  |
| **VC-18-2403** | To claimant for medical expenses and work loss |  |  |
|  | To claimant for out-of-pocket medical expenses paid to Nevy Health at $40.00 each visit on 1/30/19, 2/25/19, 2/28/19, 3/8/19, 3/13/19 &3/22/19 | $ | 240.00 |
|  | To claimant for out-of-pocket medical expenses paid to Nevy Health on 2/1/19 | $ | 219.28 |
|  | To claimant for work loss $424.50\*1 week | $ | 424.50 |
|  | Total to claimant | $ | **883.78** |
|  |  |  |  |
| **VC-18-2404** | To MH provider for MH expenses |  |  |
|  | To MH provider for 4 MH appts on 3/6/19, 3/13/19, 3/2019 and 3/27/19 at $80.00 each | $ | 320.00 |
|  |  |  |  |
| **VC-18-2419** | To claimant for travel expenses |  |  |
|  | To claimant for travel to and from court hearing RT85.6\*0.58\*9 tripson 11/6/18, 11/14/18, 11/19/18, 11/20/18, 11/21/18, 11/26/18, 11/27/18, 11/28/18&12/20/18 | $ | 446.85 |
|  |  |  |  |
| **VC-18-2420 (related to VC-18-2322)** | To MH provider for MH expenses |  |  |
|  | To MH provider for 13 counseling sessions at $80.00 each on  10/15/18, 11/5/18,11/12/18, 11/19/18, 12/10/18, 12/31/18, 1/7/19, 1/21/19 & 1/28/19 at $80.00 each and on 10/4/18, 10/29/18, 12/17/18 and 12/26/18 at $160.00 each (2 hr sessions) | $ | 1360.00 |
|  | To MH provider for 6 counseling sessions on  2/4/19, 2/11/19, 2/25/19, 3/11/19 & 3/28/19 at $80.00 each and on 3/4/18 at $160 (2 hour session) | $ | 560.00 |
|  | Total to MH provider | $ | 1920.00 |
| **VC-18-2437** | To claimant for medical expenses |  |  |
|  | To claimant for oop medical expenses paid to SimonMed for imaging on 11/29/18 |  | 67.09 |
|  |  |  |  |
| **VC-19-2458** | Payment to claimant for travel expenses to and from forensic exam | | |
|  | To claimant for travel to and from Eloy Family Advocacy Center for SANE exam RT 60.2\*$0.58 on 1/17/19 | $ | 34.92 |
|  | To claimant for travel to and from Pinal County Superior Court hearing on 2/11/19 (RT 63.4mi\*$.58=$36.77) | $ | 36.77 |
| . | To MH Provider for 7 MH appts on 2/8/19, 2/16/19, 2/19/19, 2/23/19, 3/2/19, 3/9/18 and 3/16/19 at $80.00 each | $ | 560.00 |
|  | To claimant for travel to and from counseling sessions ( RT 15mi\*$.58 ) =$8.70\*7 | $ | 60.90 |
|  | To claimant for travel to and from Phoenix Children East Valley Urgent Care RT 86.6\*$0.58 on 1/16/19 | $ | 50.23 |
|  | Total to claimant | $ | 210.09 |

**VII. NEW BUSINESS:**

|  |  |
| --- | --- |
| **VC-18-2447** | Request for determination of general eligibility for compensable mental health and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2461 (1 of 2)** | Request for determination of general eligibility for compensable travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2462 (2 of 2)** | Request for determination of general eligibility for compensable travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2463** | Request for determination of general eligibility for compensable medical and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2464** | Request for determination of general eligibility for compensable mental health expenses not covered by a collateral source. |
|  |  |
| **VC-19-2465** | 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-19-2466 (1 of 3)** | Request for determination of general eligibility for compensable mental health, work loss and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2467 (2 of 3)** | Request for determination of general eligibility for compensable mental health expenses not covered by a collateral source. |
|  |  |
| **VC-19-2468 (3 of 3)** | Request for determination of general eligibility for compensable work loss and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2469** | Request for determination of general eligibility for compensable medical, mental health and travel expenses not covered by a collateral source. |
|  |  |
| **VC-19-2471** | Request for determination of general eligibility for compensable mental health and funeral expenses not covered by a collateral source and approval of payment to claimant for already paid funeral expenses at $9,995.44 |
|  |  |
| **VC-19-2472** | Request for determination of general eligibility for compensable medical, mental health and work loss 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, May 21, 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.